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Image# 13960640025

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
Renaissance Health	Service Corporation F	Political Action Con	nmittee
ADDRESS (number and street) ▼	P.O. Box 293		
Check if different than previously reported. (ACC)	Okemos		MI 48864 — —
2. FEC IDENTIFICATION	NUMBER ▼ C	ITY 🛦	STATE ▲ ZIP CODE ▲
C C00450288		IS THIS NEV	OR X AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elec Year Only) (MY) Termination Report (TER)	(Q1) (c) 12-Day PRE-Election Report for the: (Q3) (YE) Election Report for the: (d) 30-Day POST-Election Report for the:	ar 20 (M3) Jun	
5. Covering Period	04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
I certify that I have examined Type or Print Name of Treasu		of my knowledge and beli	ef it is true, correct and complete.
Signature of Treasurer Rice	chard Lantz	[Electronically Fi	led] Date 01 31 2013
	oneous, or incomplete informati	on may subject the person	signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

2010 06 30 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 40322.22 January 1, 2010 (b) Cash on Hand at 40342.23 Beginning of Reporting Period..... 2825.10 2805.09 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 43147.32 43147.32 6(a) and 6(c) for Column B)..... 6278.40 6278.40 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 36868.92 36868.92 (subtract Line 7 from Line 6(d)).....

Debts and Obligations Owed **TO** the Committee (Itemize all on
 Schedule C and/or Schedule D)

Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D)



X

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Re	eport Covering the Period: From: 04		06 30 2010
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	1775.00	1775.00
	(ii) Unitemized(iii) TOTAL (add	1020.00	1020.00
	Lines 11(a)(i) and (ii)▶	2795.00	2795.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	0705.00	2795.00
12.	Totals to Line 33, page 5) Transfers From Affiliated/Other	2795.00	2795.00
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other		
17	Political Committees	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	10.09	30.10
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	2805.09	2825.10
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	2805.09	2825.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinaar Four to Bate
	(i) Federal Share	0.00	0.00
	(ii) Non Fodoval Chara	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	3.30
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	6278.40	6278.40
	Independent Expenditures		
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, , , 0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions_To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	200	200
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6278.40	6278.40
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6278.40	6278.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2795.00	2795.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2795.00	2795.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

_				MBER	:	PAGE	6	OF	9
(ch	nec	k only	or	ıe)					
>	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Renaissance Health Service (Corporation Political Action Committ	tee
Full Name (Last, First, Middle Initial) Thomas J Gant DDS Mailing Address 41201 Little Dr.		Date of Receipt
City Clinton Twp FEC ID number of contributing	State Zip Code MI 48036-1411	Transaction ID : 18431742 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	500.00
Retired Receipt For: Primary General Other (specify) ▼	Dentist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Laura Stearns Mailing Address 360 Winding River Dr.		Date of Receipt 06 01 2010
City Williamston	State Zip Code MI 48895-9004	Transaction ID : 18431746 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Michigan Catholic Conference Receipt For:	Occupation Vice President, Service Program Operat	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Wilbert C Fletke DDS, MS		Date of Receipt
Mailing Address 130 Brookside Dr.	Out 70 Out	06 01 2010
City Lansing	State Zip Code MI 48917	Transaction ID : 18431748 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	225.00
Name of Employer Retired	Occupation Dentist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional)	>	1225.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

	R LINE			:	PAGE	7	OF	9
(ch	eck only	one)						
>	11a	11	1b		11c	12		
	13	14	4		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

r for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Pinto DDS	e Corporation Political Action Commit	Date of Receipt
Mailing Address 46830 Danbridge		06 01 2010
City	State Zip Code	Transaction ID: 18431752
Plymouth	MI 48170-3013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Retired	Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dean Fields DDS		Date of Receipt
Mailing Address 2419 Lost Tree Way		06 23 2010
City	State Zip Code	Transaction ID : 18431760
Bloomfield Hills	MI 48304-1476	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Dean Fields, DDS	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		Data of Pagaint
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	7
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		
SUBTOTAL of Receipts This Page (option	al)	550.00
	<u>·</u>	1775.00
OTAL This Period (last page this line nur	mber only)	1775.00

SCHEDULE B (FE					
	•	Llee con	arate schedule(s)	FOR LINE	
ITEMIZED DISBURS	SEMENTS		category of the	(check only	
			Summary Page	21b	22 🗙 23 24 25 26
				27	28a 28b 28c 29 30b
					on for the purpose of soliciting contributions
or for commercial purposes,	other than using the nam	ne and add	ress of any politica	al committee to	solicit contributions from such committee.
ackslash NAME OF COMMITTEE (In Full)				
Renaissance Hea	Ith Service Corpo	oration F	Political Actio	n Commit	tee
Full Name (Last, First, Mi	ddle Initial)				
A. America's Leader	ship PAC				Date of Disbursement
	<u> </u>				M M / D D / Y Y Y Y
Mailing Address 328 Mass	sachusetts Ave. NE				06 01 2010
City	9	State	Zip Code		Transaction ID : 18318402
Washington		DC	20002		
Purpose of Disbursement Contribution to PAC				044	
				011	Amount of Each Disbursement this Period
Candidate Name	. I ' . DAO			Category/	1500.00
America's Leaders				Type	1000.00
	ouse Disburser				
	enate	Primary	General		Contribution to PAC
	esident	Other (spe	cify) 🔻		
State: District:					
Full Name (Last, First, Mic	ddle Initial)				
B. Stabenow for U.S	5. Senate				Date of Disbursement
					M M / D D / Y Y Y Y
Mailing Address P.O. Box	4945				06 25 2010
City		State	Zip Code		Transaction ID : 18354251
East Lansing		MI	48826		
Purpose of Disbursement Contribution to candidate				044	Assessment of Foods Dichampage and this Deviced
				011	Amount of Each Disbursement this Period
Candidate Name				Category/	100.00
				Туре	
Debbie Stabenow			2012		
Office Sought:	ouse Disbursen				
Office Sought: Ho	puse Disbursen	Primary	General		Contribution to candidate
Office Sought: Ho	ouse Disbursen enate esident		General		Contribution to candidate
Office Sought: Ho Se Pr State: MI District:	ouse Disbursen enate esident	Primary	General		Contribution to candidate
Office Sought: State: MI District: Full Name (Last, First, Mic	ouse Disbursen enate esident ddle Initial)	Primary	General		
Office Sought: Ho Se Pr State: MI District:	ouse Disbursen enate esident ddle Initial)	Primary	General		Contribution to candidate Date of Disbursement
Office Sought: State: MI District: Full Name (Last, First, Mic.) Stabenow for U.S	enate esident Disbursen ddle Initial) Senate	Primary	General		Date of Disbursement
Office Sought: State: MI District: Full Name (Last, First, Mic	enate esident Disbursen ddle Initial) Senate	Primary	General		Date of Disbursement
Office Sought: State: MI District: Full Name (Last, First, Mic.) Stabenow for U.S Mailing Address P.O. Box	puse Disbursen Senate Sesident Disbursen Senate Sesident Disbursen Senate Senate Disbursen Senate Disbursen Senate Disbursen Senate Disbursen Disbursen Disbursen Senate Disbursen Disburs	Primary Other (spe	General cify) ▼		Date of Disbursement
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Office Sought: State: MI District: Full Name (Last, First, Mic.) Stabenow for U.S Mailing Address P.O. Box City East Lansing	puse Disbursen Senate Sesident Disbursen Senate Sesident Disbursen Senate Senate Disbursen Senate Disbursen Senate Disbursen Senate Disbursen Disbursen Disbursen Senate Disbursen Disburs	Primary Other (spe	General cify) ▼		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: State: MI District: Full Name (Last, First, Mic. Stabenow for U.S. Mailing Address P.O. Box City	puse Disbursen Senate Sesident Disbursen Senate Sesident Disbursen Senate Senate Disbursen Senate Disbursen Senate Disbursen Senate Disbursen Disbursen Disbursen Senate Disbursen Disburs	Primary Other (spe	General cify) ▼ Zip Code	011	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: State: MI District: Full Name (Last, First, Mic.) Stabenow for U.S Mailing Address P.O. Box City East Lansing Purpose of Disbursement	puse Disbursen Senate Sesident Disbursen Senate Sesident Disbursen Senate Senate Disbursen Senate Disbursen Senate Disbursen Senate Disbursen Disbursen Disbursen Senate Disbursen Disburs	Primary Other (spe	General cify) ▼ Zip Code	011	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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State: MI District: Full Name (Last, First, Mic.) Stabenow for U.S. Mailing Address P.O. Box City East Lansing Purpose of Disbursement Contribution to candidate Candidate Name Debbie Stabenow	puse Disbursen Pinate esident Disbursen Albert Pinate esident Pinate Pin	Primary Other (spe	General cify) ▼ Zip Code 48826		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: MI District: Full Name (Last, First, Mic.) Stabenow for U.S. Mailing Address P.O. Box City East Lansing Purpose of Disbursement Contribution to candidate Candidate Name Debbie Stabenow Office Sought: Ho	Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen	Primary Other (spe	General cify) ▼ Zip Code 48826	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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State: MI District: Full Name (Last, First, Mic. Stabenow for U.S. Mailing Address P.O. Box City East Lansing Purpose of Disbursement Contribution to candidate Candidate Name Debbie Stabenow Office Sought: Ho	Disbursen Penate Penate Pesident Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen	Other (spe	General cify) ▼ Zip Code 48826 2012 General	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: MI District: Full Name (Last, First, Mic.) Stabenow for U.S. Mailing Address P.O. Box City East Lansing Purpose of Disbursement Contribution to candidate Candidate Name Debbie Stabenow Office Sought: How State: MI District:	Disbursen Penate Penate Pesident Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen	Primary Other (spe	General cify) ▼ Zip Code 48826 2012 General cify) ▼	Category/ Type	Date of Disbursement M M M / 25 / 2010 Transaction ID: 18354252 Amount of Each Disbursement this Period 2400.00 Contribution to candidate
Office Sought: State: MI District: Full Name (Last, First, MicC. Stabenow for U.S Mailing Address P.O. Box City East Lansing Purpose of Disbursement Contribution to candidate Candidate Name Debbie Stabenow Office Sought: Ho	Disbursen Penate Penate Pesident Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen Disbursen	Primary Other (spe	General cify) ▼ Zip Code 48826 2012 General cify) ▼	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Office Sought: House Senate Primary General Other (specify) ▼ Payment to Smith Floral for flowers State: MI District: Full Name (Last, First, Middle Initial) B. Delta Dental of Michigan Mailing Address 4100 Okemos Rd. City State Zip Code Okemos Purpose of Disbursement Reimbursement to Delta Dental of Michigan for beverages, table rental an use Candidate Name Candidate Name Debbie Stabenow Office Sought: House Disbursement For: 2010 Office Sought: House Disbursement For: 2010	Period 9.00
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commit NAME OF COMMITTEE (In Full) Renaissance Health Service Corporation Political Action Committee Full Name (Last, First, Middle Initial) A. Smith Floral Mailing Address 1124 East Mt. Hope Avenue City Lansing Mil 48910 Purpose of Disbursement Payment to Smith Floral for flowers Candidate Name Debbie Stabenow Office Sought: Full Name (Last, First, Middle Initial) B. Delta Dental of Michigan Mailing Address 4100 Okemos Rd. City City City State President State: Mil District: Full Name (Last, First, Middle Initial) B. Delta Dental of Michigan Mailing Address 4100 Okemos Rd. City Cokemos Mil 48864 Purpose of Disbursement Reimbursement to Delta Dental of Michigan for beverages, table rental an use Office Sought: Office Sought: Obbie Stabenow Office Sought: House Debbie Stabenow Office Sought: House Disbursement For: 2010 Category/ Type Office Sought: House Debbie Stabenow Office Sought: House Disbursement For: 2010 Category/ Type Ocardidate Name Debbie Stabenow Office Sought: House Disbursement For: 2010 Category/ Type Ocardidate Name Debbie Stabenow Office Sought: House Disbursement For: 2010 Category/ Type Ocardidate Name Debbie Stabenow Office Sought: Remaissance Corporation Political Action Committee Date of Disbursement this Category/ Type Ocardidate Name Debais Stabenow Office Sought: Ocardidate Name Debais Stabenow Office Sought: Debais Stabenow	Period 9.00
Renaissance Health Service Corporation Political Action Committee Full Name (Last, First, Middle Initial) A. Smith Floral Mailing Address 1124 East Mt. Hope Avenue City State Zip Code Lansing Purpose of Disbursement Payment to Smith Floral for flowers Candidate Name Debbie Stabenow Office Sought: House Senate President State: MI District: Full Name (Last, First, Middle Initial) B. Delta Dental of Michigan Mailing Address 4100 Okemos Rd. City State Zip Code Okemos MI 48864 Purpose of Disbursement Reimbursement to Delta Dental of Michigan for beverages, table rental an use of dision room Candidate Name Debbie Stabenow Office Sought: House Disbursement For: 2010 Category/ Type Disbursement this Category/ Type Category/ Type Disbursement this Category/ Type Category/ Type Disbursement this Category/ Type Category/ Type	Period 9.00
Full Name (Last, First, Middle Initial) A. Smith Floral Mailing Address 1124 East Mt. Hope Avenue City State Zip Code Lansing Mil 48910 Purpose of Disbursement Payment to Smith Floral for flowers Candidate Name Debbie Stabenow Office Sought: House President State: MI District: Full Name (Last, First, Middle Initial) 3. Delta Dental of Michigan Mailing Address 4100 Okemos Rd. City State Zip Code Other (specify) Tode Okemos Mil 48864 Purpose of Disbursement Reimbursement to Delta Dental of Michigan for beverages, table rental an use of display read of the Category/ Type Debbie Stabenow Office Sought: House Disbursement Reimbursement to Delta Dental of Michigan for beverages, table rental an use of display read of Disbursement this Category/ Type Debbie Stabenow Office Sought: House Disbursement For: 2010 Amount of Each Disbursement this Category/ Type 150	Period 9.00
A. Smith Floral Mailing Address 1124 East Mt. Hope Avenue City State Zip Code Mil 48910 Purpose of Disbursement Payment to Smith Floral for flowers Candidate Name Debbie Stabenow Office Sought: House President State: MI District: Full Name (Last, First, Middle Initial) B. Delta Dental of Michigan Mailing Address 4100 Okemos Rd. Date of Disbursement Transaction ID: 18431809 Amount of Each Disbursement this Category/ Type Payment to Smith Floral for flowers Category/ Type Office Sought: House Disbursement For: 2010 Amount of Each Disbursement this Category/ Type Office Sought: House Disbursement For: 2010	Period 9.00
Mailing Address 1124 East Mt. Hope Avenue	Period 9.00
City Lansing MI 48910 Purpose of Disbursement Payment to Smith Floral for flowers Candidate Name Debbie Stabenow Office Sought: House President President State: MI District: Pull Name (Last, First, Middle Initial) Bull Name (Last, First, Middle Initial) Delta Dental of Michigan Mailing Address 4100 Okemos Rd. City State Zip Code Okemos Rd. City Code Okemos Nil 48864 Purpose of Disbursement Reimbursement to Delta Dental of Michigan for beverages, table rental an use Office Sought: House Disbursement For: 2010 Candidate Name Candidate Name Candidate Name Disbursement For: 2010 Office Sought: House Disbursement For: 2010	9.00
Lansing Purpose of Disbursement Payment to Smith Floral for flowers Candidate Name Debbie Stabenow Office Sought: Full Name (Last, First, Middle Initial) Bolta Dental of Michigan Mi 48910 Primary General Other (specify) Type Other (specify) Mi 48864 Purpose of Disbursement Reimbursement to Delta Dental of Michigan for beverages, table rental an use of distinct promocandidate Name Debbie Stabenow Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Transaction ID: 18431809 Amount of Each Disbursement this Date of Disbursement Transaction ID: 18431809 Amount of Each Disbursement this Date of Disbursement Transaction ID: 18431810 Date of Disbursement Transaction ID: 18431810 Amount of Each Disbursement this Category/ Type Office Sought: House Disbursement For: 2010	9.00
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