

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

12FE4M5

Renaissance Health Service Corporation Political Action Committee

ADDRESS (number and street) **▼**

P.O. Box 293

Check if different than previously reported. (ACC)

Okemos

MI

48864

2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

C C00450288

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 / 01 / 2013

through

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Lantz

Signature of Treasurer

Richard Lantz

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2013

NOTE: Submission of false, erroneous, or incomplete information 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)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		62173.68
(b) Cash on Hand at Beginning of Reporting Period.....	62173.68	
(c) Total Receipts (from Line 19)	11418.22	11418.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	73591.90	73591.90
7. Total Disbursements (from Line 31).....	12419.70	12419.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61172.20	61172.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	10150.00	10150.00
(ii) Unitemized	1250.00	1250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11400.00	11400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11400.00	11400.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	18.22	18.22
18. Transfers from Non-Federal and Levin Funds		
(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))..... ▶	11418.22	11418.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11418.22	11418.22

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12300.00	12300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(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
29. Other Disbursements	119.70	119.70
30. 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 .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12419.70	12419.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12419.70	12419.70

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11400.00	11400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11400.00	11400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. 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

FOR LINE NUMBER: PAGE 6 OF 15
(check only one)
 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.

NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Patrick Cahill
 Full Name (Last, First, Middle Initial)
 Mailing Address 3251 Hanover Court
 City Milford State MI Zip Code 48380-3234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909399
 Amount of Each Receipt this Period
 500.00

B. Arthur D Even Jr. DDS, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5711 Livernois Rd.
 City Rochester State MI Zip Code 48306-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909401
 Amount of Each Receipt this Period
 250.00

C. Todd Ester
 Full Name (Last, First, Middle Initial)
 Mailing Address 1792 Liberty Street North
 City Canton State MI Zip Code 48188-8003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dr. Todd Ester, D.D.S. Occupation Endodontist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909402
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.

NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Beach Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 264 South Lake St.
 City Rogers City State MI Zip Code 49779-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Benefits Manager
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909403
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Victor Beck DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3189 Oak Hill Farm Road
 City Columbia State TN Zip Code 38401-8529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Victor Beck, DDS Occupation Dentist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909404
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Orin J Mazzone Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 37531 Dunganren Ct.
 City Northville State MI Zip Code 48167-9024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orin Jewelers Occupation President
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909405
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Michele Bishop		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : 20909406
Mailing Address 7626 Stonewall Hill		Amount of Each Receipt this Period 500.00
City San Antonio	State TX	
Zip Code 78256-1679		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Dr. Michele Bishop, D.D.S.	Occupation Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. John Breza D.D.S.		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : 20909407
Mailing Address 52539 Southdown		Amount of Each Receipt this Period 500.00
City Shelby Township	State MI	
Zip Code 48316-3458		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer John A Breza, D.D.S.	Occupation Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Thomas J Gant DDS		Date of Receipt MM / DD / YYYY 05 / 15 / 2013 Transaction ID : 20909408
Mailing Address 41201 Little Dr.		Amount of Each Receipt this Period 500.00
City Clinton Twp	State MI	
Zip Code 48036-1411		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Joseph Pinto DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 46830 Danbridge
 City Plymouth State MI Zip Code 48170-3013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2013
Transaction ID : 20909409
 Amount of Each Receipt this Period
500.00

B. Lawrence D Crawford DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3726 Rosewood Lane
 City Rochester Hills State MI Zip Code 48309-1079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DBM Technologies Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2013
Transaction ID : 20909410
 Amount of Each Receipt this Period
500.00

C. Cynthia Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 844 Pebblebrook Lane
 City East Lansing State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Education Special Services As Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2013
Transaction ID : 20909411
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Laura Stearns
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Winding River Dr.
 City State Zip Code
 Williamston MI 48895-9004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Michigan Catholic Conference Vice President, Service Program Operat
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909412
 Amount of Each Receipt this Period
 700.00

B. James L Pittman DDS, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Lewis Ave.
 City State Zip Code
 Saint Joseph MI 49085-1766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Consultant Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909414
 Amount of Each Receipt this Period
 500.00

C. John R. Cook DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 Scenic Woods Circle East
 City State Zip Code
 Muskegon MI 49445-8844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Dentist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909416
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Stephen Eklund
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Brooklyn Ave.
 City Ann Arbor State MI Zip Code 48104-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer school of Dentistry, University of Mic Occupation Professor of Dental Public Health
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909419
 Amount of Each Receipt this Period
500.00

B. Lonny E Zietz D.D.S, M.S
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Cramton NE
 City Ada State MI Zip Code 49301-9582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lonny E. Zietz DDS, MS Occupation Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909420
 Amount of Each Receipt this Period
500.00

C. Campbell Sowell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4039 Pulaski Hwy
 City Culleoka State TN Zip Code 38451-2028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Campbell M. Sowell DDS Occupation Self-Employed Dentist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : 20909422
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Jane Hale Morgan			Date of Receipt 05 / 31 / 2013 Transaction ID : 20938925
Mailing Address 118 Stafford			Amount of Each Receipt this Period 350.00
City Detroit	State MI	Zip Code 48207-4963	
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer City of Detroit Library		Occupation Librarian - Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Wilbert C Fletke DDS, MS			Date of Receipt 05 / 31 / 2013 Transaction ID : 20938928
Mailing Address 130 Brookside Dr.			Amount of Each Receipt this Period 300.00
City Lansing	State MI	Zip Code 48917	
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer Retired		Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Kerry M Kaysserian DDS			Date of Receipt 05 / 28 / 2013 Transaction ID : 20938929
Mailing Address 4391 Silver Valley Lane			Amount of Each Receipt this Period 500.00
City Traverse City	State MI	Zip Code 49684-8796	
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer Self-employed		Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Renaissance Health Service Corporation Political Action Committee

A. Dr. John N. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 436 Virginia Ave. #705
 City Indianapolis State IN Zip Code 46203-1742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : 20941936
 Amount of Each Receipt this Period
 250.00
 Contribution

B. William Baldrige
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 Ruddiman Dr.
 City Muskegon State MI Zip Code 49445-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Municipal League Occupation Executive Search Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2013
Transaction ID : 20966616
 Amount of Each Receipt this Period
 500.00
 Contribution

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	10150.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Udall For Us All

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Candidate Name

Mr. Tom Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	3

Transaction ID : 20665823

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

Rep. David Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	3

Transaction ID : 20834577

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Candidate Name

Rep. Patrick Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	3

Transaction ID : 20890108

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Renaissance Health Service Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. America's Leadership PAC

Mailing Address 328 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution for 2014 Primary

011

Candidate Name

America's Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : 20896726

Amount of Each Disbursement this Period

2500.00

Contribution for 2014 Primary

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

Rep. David Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2013

Transaction ID : 20947755

Amount of Each Disbursement this Period

1050.00

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

011

Candidate Name

Mr. Daniel Kildee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2013

Transaction ID : 20947756

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3800.00

TOTAL This Period (last page this line number only)..... ▶

12300.00