

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Renaissance Health Service Corporation Political Action Committee

ADDRESS (number and street) P.O. Box 293  
 Check if different than previously reported. (ACC)  
Okemos MI 48805 0293

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

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 Laura Czelada

Signature of Treasurer Electronically Filed by Laura Czelada Date 07 29 2011

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**

Write or Type Committee Name  
Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		38892.47
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	38293.47									
(c) Total Receipts (from Line 19) .....	8419.09	8419.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	46712.56	47311.56								
7. Total Disbursements (from Line 31) .....	9400.00	9400.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37312.56	37911.56								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	7000.00	7000.00
(ii) Unitemized .....	1400.00	1400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8400.00	8400.00
(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) .....	8400.00	8400.00
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.) .....	19.09	19.09
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 Transfer (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)) .....	8419.09	8419.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8419.09	8419.09

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	9400.00	9400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	9400.00	9400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9400.00	9400.00

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) .....	8400.00	8400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8400.00	8400.00
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 / 14  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
Kerry M Kaysserian, DDS

Mailing Address 4391 Silver Valley Lane

City State Zip Code  
Traverse City MI 49684-8796

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 ▼ 500.00

Date of Receipt 05 / 20 / 2011

**Transaction ID:** 19255313

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
John Collier, Jr.

Mailing Address 401 Brierwood Dr.

City State Zip Code  
Columbia TN 38401-2202

FEC ID number of contributing federal political committee. C

Name of Employer Maury Regional Hospital Occupation Assistant Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2011

**Transaction ID:** 19255324

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Louis Betanzos

Mailing Address 200 Beach Rd., Apt. 902

City State Zip Code  
Tequesta FL 33469-2841

FEC ID number of contributing federal political committee. C

Name of Employer Executive-NBD Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2011

**Transaction ID:** 19255325

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: PAGE 7 / 14  
(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.** Full Name (Last, First, Middle Initial)  
Patrick Cahill

Mailing Address 3251 Hanover Court

City State Zip Code  
Milford MI 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 05 / 18 / 2011  
Transaction ID: 19255326  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
James L Pittman, DDS, MS

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 Self-employed Occupation Consultant Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 19 / 2011  
Transaction ID: 19255342  
Amount of Each Receipt this Period 700.00

**C.** Full Name (Last, First, Middle Initial)  
John R. Cook, DDS

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 Self-employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 19 / 2011  
Transaction ID: 19255349  
Amount of Each Receipt this Period 300.00

**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: PAGE 8 / 14  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Orin J Mazzone, Jr

Mailing Address 37531 Dungarren Ct.

City State Zip Code  
Northville MI 48167-9024

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Orin Jewelers President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
05 / 19 / 2011

**Transaction ID:** 19255355

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia Williams

Mailing Address 844 Pebblebrook Lane

City State Zip Code  
East Lansing MI 48823-2164

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Michigan Education Special Services As Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY  
05 / 18 / 2011

**Transaction ID:** 19255380

Amount of Each Receipt this Period 700.00

**C.**

Full Name (Last, First, Middle Initial)  
George R Walkotten, DDS

Mailing Address 8328 Greenfield Shores

City State Zip Code  
Scotts MI 49088-8727

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 ▼ 250.00

Date of Receipt MM / DD / YYYY  
05 / 20 / 2011

**Transaction ID:** 19255386

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1200.00

**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 / 14
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Laura Stearns	Date of Receipt MM / DD / YYYY 05 / 18 / 2011
	Mailing Address 360 Winding River Dr.	<b>Transaction ID:</b> 19255392
	City State Zip Code Williamston MI 48895-9004	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Michigan Catholic Conference Vice President, Service Program Operat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas J Gant, DDS	Date of Receipt MM / DD / YYYY 05 / 18 / 2011
	Mailing Address 41201 Little Dr.	<b>Transaction ID:</b> 19255404
	City State Zip Code Clinton Twp MI 48036-1411	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Retired Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lonny E Zietz, D.D.S., M.S	Date of Receipt MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 1111 Cramton NE	<b>Transaction ID:</b> 19255405
	City State Zip Code Ada MI 49301-9582	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Lonny E. Zietz DDS, MS Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1900.00
<b>TOTAL</b> 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 10 / 14  
(check only one)

<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.**

Full Name (Last, First, Middle Initial)  
Mack B Solomon, Jr

Mailing Address P.O. Box 69

City State Zip Code  
Dimondale MI 48821-0069

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  
MM / DD / YYYY  
05 / 26 / 2011

**Transaction ID:** 19255433

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Wilbert C Fletke, DDS, MS

Mailing Address 130 Brookside Dr.

City State Zip Code  
Lansing MI 48917

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2011

**Transaction ID:** 19255434

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Pinto, DDS

Mailing Address 46830 Danbridge

City State Zip Code  
Plymouth MI 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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 19255435

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7000.00

**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

A.

Full Name (Last, First, Middle Initial)  
Alexander For Senate 2014 Inc

Transaction ID: 18824104

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	1

Mailing Address 228 S Washington Street Suite 115

Amount of Each Disbursement this Period

500.00
--------

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
Contribution to Federal candidate

011
-----

Category/  
Type

Candidate Name  
Sen. Lamar Alexander

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Contribution to Federal candidate

State: TN District:

B.

Full Name (Last, First, Middle Initial)  
Friends of Sherrod Brown

Transaction ID: 18978425

Date of Disbursement

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

Mailing Address P.O. Box 76187  
Suite 800

Amount of Each Disbursement this Period

2500.00
---------

City State Zip Code  
Washington DC 20013

Purpose of Disbursement  
Contribution to Federal candidate

011
-----

Category/  
Type

Candidate Name  
Sherrod Brown

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Contribution to Federal candidate

State: OH District:

C.

Full Name (Last, First, Middle Initial)  
Udall For Us All

Transaction ID: 19064594

Date of Disbursement

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

Mailing Address PO Box 25766

Amount of Each Disbursement this Period

1000.00
---------

City State Zip Code  
Albuquerque NM 87125

Purpose of Disbursement  
Contribution to Federal candidate

011
-----

Category/  
Type

Candidate Name  
Mr. Tom Udall

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Contribution to Federal candidate

State: NM District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4000.00
---------

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

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# 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

<b>A.</b>	Full Name (Last, First, Middle Initial) America's Leadership PAC <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Monetary contribution to PAC Candidate Name America's Leadership PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19135081 Date of Disbursement 05 / 31 / 2011	Amount of Each Disbursement this Period 1500.00 <hr/> Monetary contribution to PAC
<b>B.</b>	Full Name (Last, First, Middle Initial) Tiberi For Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement Monetary contribution to PAC Candidate Name Rep. Patrick Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19135082 Date of Disbursement 05 / 31 / 2011	Amount of Each Disbursement this Period 2500.00 <hr/> Monetary contribution to PAC
<b>C.</b>	Full Name (Last, First, Middle Initial) Hansen Clarke For Congress <hr/> Mailing Address 1448 Woodward Avenue #305 <hr/> City Detroit State MI Zip Code 48226 <hr/> Purpose of Disbursement Monetary contribution to PAC Candidate Name Rep. Hansen Clarke <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19135096 Date of Disbursement 05 / 31 / 2011	Amount of Each Disbursement this Period 250.00 <hr/> Monetary contribution to PAC

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Huizenga For Congress  Mailing Address 441 William Court  City Zeeland State MI Zip Code 49464  Purpose of Disbursement Monetary contribution to PAC Candidate Name Rep. Bill Huizenga Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 02 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19171243 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 1	Amount of Each Disbursement this Period 500.00  Monetary contribution to PAC
<b>B.</b>	Full Name (Last, First, Middle Initial) Dave Camp For Congress  Mailing Address 5915 Eastman Avenue Suite 100  City Midland State MI Zip Code 48640  Purpose of Disbursement Monetary contribution to PAC Candidate Name Rep. David Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19188651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1	Amount of Each Disbursement this Period 250.00  Monetary contribution to PAC
<b>C.</b>	Full Name (Last, First, Middle Initial) Gibbs For Congress  Mailing Address 6992 Tr 466  City Lakeville State OH Zip Code 44638  Purpose of Disbursement Monetary contribution to PAC Candidate Name Rep. Robert Gibbs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 19197946 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 250.00  Monetary contribution to PAC

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

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<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

A.

Full Name (Last, First, Middle Initial)  
Delta Dental of Michigan

Mailing Address 4100 Okemos Rd.

City Okemos State MI Zip Code 48864

Purpose of Disbursement  
Inkind donation of golf balls to U.S. Rep. Dave Camp golf outing

Candidate Name  
Rep. David Camp

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19261990  
Date of Disbursement

06 / 16 / 2011

Amount of Each Disbursement this Period

150.00

Inkind donation of golf balls to U.S. Rep. Dave Camp golf outing

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

150.00

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

9400.00