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 V       Example: If typing, type over the lines.       Office Use Only         1. NAME OF COMMITTEE (in full)       TYPE OR PRINT V       Example: If typing, type over the lines.       Disburstice         Renaissance Health Service Corporation Political Action Committee       P.O. Box 293       Disburstice       Disburstice         ADDRESS (number and street)       P.O. Box 293       Disburstice       Mil       48864         Check if different than previously reported. (ACC)       Okemos       Mil       48864         C. FEC IDENTIFICATION NUMBER V       CITY A       STATE A       ZIP CODE A         3. IS THIS REPORT       NEW (N)       AMENDED (A)
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)       P.O. Box 293         Okemos       MI         48864       -         2. FEC IDENTIFICATION NUMBER ▼       CITY ▲       STATE ▲       ZIP CODE ▲
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 ▲         3. IS THIS       NEW       AMENDED
ADDRESS (number and street)       Check if different than previously reported. (ACC)         Okemos       MI         48864       -         2. FEC IDENTIFICATION NUMBER ▼       CITY ▲       STATE ▲       ZIP CODE ▲         3. IS THIS       NEW       AMENDED
ADDRESS (number and street)       Check if different than previously reported. (ACC)         Okemos       MI         48864       -         2. FEC IDENTIFICATION NUMBER ▼       CITY ▲       STATE ▲       ZIP CODE ▲         3. IS THIS       NEW       AMENDED
than previously reported. (ACC)       Okemos       MI       48864         2. FEC IDENTIFICATION NUMBER ▼       CITY ▲       STATE ▲       ZIP CODE ▲         3. IS THIS       NEW       AMENDED
reported. (ACC)     CITY▲     STATE▲     ZIP CODE▲       2. FEC IDENTIFICATION NUMBER ▼     CITY▲     STATE▲     ZIP CODE▲       3. IS THIS     NEW     AMENDED
C C00450288 3. IS THIS NEW AMENDED
L (10/450288
4. TYPE OF REPORT (Choose One)       (b) Monthly Report Due On:       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nov 20 (M (Non-Election Year Only)         (a) Quarterly Reports:       Mar 20 (M3)       Jun 20 (M6)       Sep 20 (M9)       Dec 20 (M (Non-Election Year Only)
April 15 Quarterly Report (Q1)         Apr 20 (M4)         Jul 20 (M7)         Oct 20 (M10)         Jan 31 (Y           (c)         12-Day         Primary (12P)         General (12G)         Runoff (12
July 15 Quarterly Report (Q2)     PRE-Election Report for the:     Convention (12C)     Special (12S)
Quarterly Report (Q3) January 31
Year-End Report (YE)     Election on     State of       July 31 Mid-Year     (d)     30-Day       Report (Non-election     Year Only) (MY)     POST-Election     General (30G)     Runoff (30R)     Special (30G)
Termination Report (TER) Report for the: M M / D D / Y Y Y Y in the Election on State of
5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012
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 01 2013
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437
Office Use Only

#### 01/31/2013 16 : 36

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

## Renaissance Health Service Corporation Political Action Committee

R	eport Covering the Period: From:	1 01 / Y Y Y Y 1 01 To:	M         M         /         D         D         /         Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		45085.20
	(b) Cash on Hand at Beginning of Reporting Period	45085.20	
	(c) Total Receipts (from Line 19)	258.98	258.98
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	45344.18	45344.18
7.	Total Disbursements (from Line 31)	0.00	0.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45344.18	45344.18
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

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	DI	ETAILED SUMMARY PAGE	Г
	FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
Wr	ite or Type Committee Name		
R	enaissance Health Service Corpor	ation Political Action Committee	of Receipts       Page 3         Political Action Committee         Of 2012       To:       03       0 0       2012         COLUMN A Total This Period       COLUMN B Calendar Year-to-Date         COLUMN A Total This Period       COLUMN B Calendar Year-to-Date         Q       250.00       250.00         Q       200       200         Q       0.00       0.00         Q
Re	port Covering the Period: From: 01	1 / D D / Y Y Y Y 01 2012 To	
	I. Receipts		
11.	Contributions (other than loans) From:	·	
	(a) Individuals/Persons Other		
	Than Political Committees	250.00	250.00
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add	, , , , , , , , , , , , , , , , , , , ,	
	Lines 11(a)(i) and (ii)	250.00	250.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(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)▶	250.00	250.00
12	Transfers From Affiliated/Other	A	
	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
	Refunds of Contributions Made		
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts	7 7 7	
	(Dividends, Interest, etc.)	8.98	8.98
	Transfers from Non-Federal and Levin Funds	7 7 7	
	(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
	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))►	258.98	258.98
00	Tatal Endeval Dessints		
	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	258.98	258.98
		230.30	230.30

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### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)	COLUMN A	
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) I Transfers to Affiliated/Other Party	0.00	0.0
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	0.0
Independent Expenditures (use Schedule E)	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
	0.00	0.0
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.0
Other Disbursements		0.0
Other Disbursements	0.00	
Federal Election Activity (2 U.S.C. §431(20 (a) Allocated Federal Election Activity	)))	
(from Schedule H6)	0.00	0.0
(i) Federal Share		
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add 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))	0.00	0.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00
, ,	7 7	

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### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures		
8. Total Contributions (other than loans) (from Line 11(d), page 3)	250.00	250.00
<ul> <li>Total Contribution Refunds</li> <li>(from Line 28(d))</li> </ul>	0.00	0.00
<ul> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ul>	250.00	250.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		11a 13	$\vdash$	11b		11c 15		12 16	17		
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	L ay not be sold or used by any p ddress of any political committe	erson for	or the	pur htrib	pose	of s	oliciting		ntribut	ons		
	NAME OF COMMITTEE (In Full) Renaissance Health Service Co											-		
A.	Full Name (Last, First, Middle Initial) Victor Beck DDS Mailing Address 3189 Oak Hill Farm Road				Date of Receipt									
								3	/ 1		)12	Y		
	City Columbia	State TN	Zip Code 38401-8529		Transaction ID : 19863561 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			Amount	: of	Each	Re	ceipt th	is P	eriod 250.	00		
	Name of Employer Victor Beck, DDS	Occupation Dentist												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
В.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt							
	Mailing Address				M	1	D	D	/ Y	Y	Y	Y		
	City	State	Zip Code	A	mount	of	Each	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С					7		7					
	Name of Employer	Occupation												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]										
C.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt							
	Mailing Address				M M	/	D	D	/ Y	Y	Y	Y		
	City	State	Zip Code		mount	of	Fach	Po	agint th	io D	oriod			
	FEC ID number of contributing federal political committee.	C			Amount	. 01	, Each	Re	ceipt th	IS P	enoa			
	Name of Employer	Occupation												
	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼	]										
s	UBTOTAL of Receipts This Page (optional)						7		- 7		250.0	00		
т	OTAL This Period (last page this line number of	only)					,				250.0	00		