

# 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.   
Renaissance Health Service Corporation Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)    -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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)  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 (12S)  
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  /  /  through  /  /

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  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2012"/>	<input type="text" value="45085.20"/>	<input type="text" value="45085.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45344.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12609.29"/>	<input type="text" value="12868.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="57953.47"/>	<input type="text" value="57953.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5771.60"/>	<input type="text" value="5771.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52181.87"/>	<input type="text" value="52181.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	11250.00	11500.00
(ii) Unitemized .....	1350.00	1350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12600.00	12850.00
(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) .....	12600.00	12850.00
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.).....	9.29	18.27
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))..... ▶	12609.29	12868.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12609.29	12868.27

**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.....	5771.60	5771.60
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 .....	0.00	0.00
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)) ..	5771.60	5771.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5771.60	5771.60

**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) .....	12600.00	12850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12600.00	12850.00
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: (check only one)	PAGE 6 OF 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

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. 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) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012  
**Transaction ID : 20054173**  
 Amount of Each Receipt this Period  
 500.00

**B. 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 Y  
 06 / 25 / 2012  
**Transaction ID : 20054174**  
 Amount of Each Receipt this Period  
 500.00

**C. 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 / 25 / 2012  
**Transaction ID : 20054176**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 7 OF 14  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 N/A Retired

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  
 06 / 25 / 2012

**Transaction ID : 20054243**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Stephen Eklund**

Mailing Address 1609 Brooklyn Ave.

City State Zip Code  
 Ann Arbor MI 48104-4420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 school of Dentistry, University of Mic Professor of Dental Public Health

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  
 06 / 25 / 2012

**Transaction ID : 20054244**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
 Self-employed Dentist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : 20054247**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**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 14
	<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	

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. George R Walkotten DDS**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2012  
**Transaction ID : 20054265**  
 Amount of Each Receipt this Period  
 500.00

**B. Todd Ester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1792 Liberty Street North  
 City State Zip Code  
 Canton MI 48188-8003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dr. Todd Ester, D.D.S. Endodontist  
 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 / 25 / 2012  
**Transaction ID : 20054307**  
 Amount of Each Receipt this Period  
 500.00

**C. Cynthia Williams**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : 20054309**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 9 OF 14  
(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. Susan Carron DDS,MS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39038 Empire Ct.

City Farmington Hills	State MI	Zip Code 48331-3919
--------------------------	-------------	------------------------

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  
 M M / D D / Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : 20054310**

Amount of Each Receipt this Period  
 500.00

**B. Thomas J Gant DDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41201 Little Dr.

City Clinton Twp	State MI	Zip Code 48036-1411
---------------------	-------------	------------------------

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 / D D / Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : 20054311**

Amount of Each Receipt this Period  
 500.00

**C. Julius Maddox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1993 Hyde Park Drive

City Detroit	State MI	Zip Code 48207-3819
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Michigan Education Association	Occupation Executive
--	-------------------------

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 / 25 / 2012  
**Transaction ID : 20054314**

Amount of Each Receipt this Period  
 250.00

**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 10 OF 14
	<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	

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. Laura Stearns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 Winding River Dr.  
 City Williamston State MI Zip Code 48895-9004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Catholic Conference Occupation 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 / 25 / 2012  
**Transaction ID : 20054317**  
 Amount of Each Receipt this Period  
 700.00

**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 / 25 / 2012  
**Transaction ID : 20054318**  
 Amount of Each Receipt this Period  
 500.00

**C. Michele Bishop**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7626 Stonewall Hill  
 City San Antonio State TX Zip Code 78256-1679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dr. Michele Bishop, D.D.S. 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 / 25 / 2012  
**Transaction ID : 20054325**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<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: (check only one)	PAGE 11 OF 14
	<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**

Full Name (Last, First, Middle Initial) <b>A. John Breza D.D.S.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2012 <b>Transaction ID : 20054328</b>
Mailing Address 52539 Southdown		Amount of Each Receipt this Period 500.00
City Shelby Township	State MI	Zip Code 48316-3458
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. James L Pittman DDS, MS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2012 <b>Transaction ID : 20054329</b>
Mailing Address 1301 Lewis Ave.		Amount of Each Receipt this Period 500.00
City Saint Joseph	State MI	Zip Code 49085-1766
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Consultant Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph Pinto DDS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 13 / 2012 <b>Transaction ID : 20054330</b>
Mailing Address 46830 Danbridge		Amount of Each Receipt this Period 500.00
City Plymouth	State MI	Zip Code 48170-3013
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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: (check only one)	PAGE 12 OF 14
	<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. Robert D Anthony DDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1443 Watch Hill Dr.  
 City Flint State MI Zip Code 48507-5625  
 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 **06 / 13 / 2012**  
**Transaction ID : 20054331**  
 Amount of Each Receipt this Period **500.00**

**B. Thomas Fleszar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1175 Harrow Circle  
 City Bloomfield Hills State MI Zip Code 48304-3922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Delta Dental of Michigan Occupation Retired Executive  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 13 / 2012**  
**Transaction ID : 20057121**  
 Amount of Each Receipt this Period **1500.00**

**C. C. Dale Brown DMD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Idaho Suite 23  
 City Las Cruces, NM, 88005 State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employer Occupation Dentist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 13 / 2012**  
**Transaction ID : 20057122**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>11250.00</b>

**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

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**

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  
Monetary Contribution to PAC

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

M M M	/	D D D	/	Y Y Y Y Y
05		29		2012

**Transaction ID : 19935539**

Amount of Each Disbursement this Period

1500.00
---------

Monetary Contribution to PAC

Full Name (Last, First, Middle Initial)

**B. 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: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2012

**Transaction ID : 19935541**

Amount of Each Disbursement this Period

1200.00
---------

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: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2012

**Transaction ID : 19967741**

Amount of Each Disbursement this Period

100.00
--------

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

2800.00
---------

**TOTAL** 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)

<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

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**

Full Name (Last, First, Middle Initial)

### A. 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 M	/	D D D	/	Y Y Y Y Y Y
06		14		2012

**Transaction ID : 19979095**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

### B. Stabenow for U.S. Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

011

Candidate Name

**Debbie Stabenow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
2012 Election

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2012

**Transaction ID : 19995598**

Amount of Each Disbursement this Period

2721.60
---------

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

2971.60

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

5771.60