

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
REC MAIL CENTER  
2008 JUL 21 AM 10:46

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 48805 - 0293

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYY in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 *Laura Czelada*

Date MM / DD / YYYY

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							
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**FEC FORM 3X**  
Rev. 12/2004

28039792531

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2008

To:

MM / DD / YYYY  
06 / 30 / 2008

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <input type="text" value="2008"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="\$0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="\$4,820.00"/>	<input type="text" value="\$4,820.00"/>
(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="\$4,820.00"/>	<input type="text" value="\$4,820.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="\$4,820.00"/>	<input type="text" value="\$4,820.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="\$0.00"/>	
10. Debts and Obligations Owed BY 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

28039792532

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2008

To:

MM / DD / YYYY  
06 / 30 / 2008

**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).....
  - (ii) Unitemized .....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

\$2,950.00  
\$1,870.00  
\$4,820.00

\$2,950.00  
\$1,870.00  
\$4,820.00

- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....

\$0.00  
\$0.00  
\$4,820.00

\$0.00  
\$0.00  
\$4,820.00

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.).....

\$0.00

\$0.00

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

\$0.00  
\$0.00  
\$0.00

\$0.00  
\$0.00  
\$0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

\$4,820.00

\$4,820.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

\$4,820.00

\$4,820.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

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

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**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) .....	\$4,820.00	\$4,820.00
34. Total Contribution Refunds (from Line 28(d)) .....	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$4,820.00	\$4,820.00
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

28039792535

**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 1 OF 3
	<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. 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  
**05 / 21 / 2008**  
 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  
**05 / 21 / 2008**  
 Amount of Each Receipt this Period  
**\$500.00**

**C. Richard F Stilwill DDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 4100 Dobie Rd.  
 City Okemos State MI Zip Code 48864-3710  
 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  
**05 / 21 / 2008**  
 Amount of Each Receipt this Period  
**\$250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **\$1,250.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

28039792536

**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 2 OF 3
<input checked="" type="checkbox"/> 11a	<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**

Full Name (Last, First, Middle Initial) <b>A. James L Pittman DDS, MS</b>		Date of Receipt <b>05 / 26 / 2008</b>
Mailing Address 1301 Lewis Ave.		Amount of Each Receipt this Period <b>\$500.00</b>
City Saint Joseph	State Zip Code MI 49085-1766	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <b>\$500.00</b>
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 ▼ <b>\$500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Joseph Pinto DDS</b>		Date of Receipt <b>05 / 30 / 2008</b>
Mailing Address 46830 Danbridge		Amount of Each Receipt this Period <b>\$350.00</b>
City Plymouth	State Zip Code MI 48170-3013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <b>\$350.00</b>
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 ▼ <b>\$350.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Kerry M Kaysserian DDS</b>		Date of Receipt <b>06 / 02 / 2008</b>
Mailing Address 4391 Silver Valley Lane		Amount of Each Receipt this Period <b>\$350.00</b>
City Traverse City	State Zip Code MI 49684-8796	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <b>\$350.00</b>
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 ▼ <b>\$350.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>\$1,200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

28039792537

**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 3 OF 3
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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**

Full Name (Last, First, Middle Initial) <b>A. Lawrence D Crawford DDS</b>		Date of Receipt <b>06 / 03 / 2008</b>
Mailing Address <b>3726 Rosewood Lane</b>		Amount of Each Receipt this Period <b>\$500.00</b>
City <b>Rochester Hills</b>	State Zip Code <b>MI 48309-1079</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>\$500.00</b>
Name of Employer <b>DBM Technologies</b>	Occupation <b>President &amp; CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>\$500.00</b>
<b>TOTAL</b> This Period (last page-this line number only).....▶	<b>\$2,950.00</b>

28039792538



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=== Identification Section =====

Committee ID: C00450288  
 Committee Name: Renaissance Health Service Corporation Political Action Commit  
 Filing Type: F3XN  
 From/Through: 20080401 - 20080630

Software/Ver#: Vocus PAC Management / Ver# 8.00.0317

=== Results Section =====

>>>----> FEC data file PASSED validation! <----<<<

=== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
6A 2008		0.00
6B	0.00	
6C	4,820.00	4,820.00
6D	4,820.00	4,820.00
7	0.00	0.00
8	4,820.00	4,820.00
9	0.00	
10	0.00	
11Ai	2,950.00	2,950.00
11Aii	1,870.00	1,870.00
11Aiii	4,820.00	4,820.00
11B	0.00	0.00
11C	0.00	0.00
11D	4,820.00	4,820.00
12	0.00	0.00
13	0.00	0.00
14	0.00	0.00
15	0.00	0.00
16	0.00	0.00
17	0.00	0.00
18A	0.00	0.00
18B	0.00	0.00
18C	0.00	0.00
19	4,820.00	4,820.00
20	4,820.00	4,820.00
21Ai	0.00	0.00
21Aii	0.00	0.00
21B	0.00	0.00
21C	0.00	0.00
22	0.00	0.00
23	0.00	0.00
24	0.00	0.00
25	0.00	0.00
26	0.00	0.00
27	0.00	0.00
28A	0.00	0.00
28B	0.00	0.00
28C	0.00	0.00
28D	0.00	0.00
29	0.00	0.00
30Ai	0.00	0.00
30Aii	0.00	0.00
30B	0.00	0.00

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30C	0.00	0.00
31	0.00	0.00
32	0.00	0.00
33	4,820.00	4,820.00
34	0.00	0.00
35	4,820.00	4,820.00
36	0.00	0.00
37	0.00	0.00
38	0.00	0.00

28039792540

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/15/08
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMS*  
 PREPARER  
 (3/2005)

7/15/08  
 DATE PREPARED

28039792541