

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) P.O. Box 293 Okemos MI 48805-0293

2. FEC IDENTIFICATION NUMBER C C00450288 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2012 through 06 30 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 Laura Czelada

Signature of Treasurer Laura Czelada [Electronically Filed] Date 07 16 2012

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"/>		42080.31
(b) Cash on Hand at Beginning of Reporting Period.....	41743.30	
(c) Total Receipts (from Line 19)	12609.29	12868.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54352.59	54948.58
7. Total Disbursements (from Line 31).....	5771.60	5771.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48580.99	49176.98
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).....	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

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: PAGE 6 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. 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

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 7 OF 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

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 / 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 / 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 / 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	

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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

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 9 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. 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 / 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 **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 **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	

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

Full Name (Last, First, Middle Initial) A. Laura Stearns			Date of Receipt MM / DD / YYYY 05 / 25 / 2012 Transaction ID : 20054317
Mailing Address 360 Winding River Dr.			Amount of Each Receipt this Period 700.00
City Williamston	State MI	Zip Code 48895-9004	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 700.00	
Name of Employer Michigan Catholic Conference		Occupation Vice President, Service Program Operat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Lawrence D Crawford DDS			Date of Receipt MM / DD / YYYY 05 / 25 / 2012 Transaction ID : 20054318
Mailing Address 3726 Rosewood Lane			Amount of Each Receipt this Period 500.00
City Rochester Hills	State MI	Zip Code 48309-1079	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer DBM Technologies		Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michele Bishop			Date of Receipt MM / DD / YYYY 05 / 25 / 2012 Transaction ID : 20054325
Mailing Address 7626 Stonewall Hill			Amount of Each Receipt this Period 500.00
City San Antonio	State TX	Zip Code 78256-1679	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
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) ▼			

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: PAGE 11 OF 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. John Breza D.D.S.
Full Name (Last, First, Middle Initial)
Mailing Address 52539 Southdown
City Shelby Township State MI Zip Code 48316-3458
FEC ID number of contributing federal political committee. **C**
Name of Employer John A Breza, D.D.S. 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
06 / 13 / 2012
Transaction ID : 20054328
Amount of Each Receipt this Period
500.00

B. James L Pittman DDS, MS
Full Name (Last, First, Middle Initial)
Mailing Address 1301 Lewis Ave.
City Saint Joseph State MI Zip Code 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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2012
Transaction ID : 20054329
Amount of Each Receipt this Period
500.00

C. 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 / D D / Y Y Y Y Y Y
06 / 13 / 2012
Transaction ID : 20054330
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: PAGE 12 OF 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. Robert D Anthony DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1443 Watch Hill Dr.
 City State Zip Code
 Flint MI 48507-5625
 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 / D D / Y Y Y Y Y Y
 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 State Zip Code
 Bloomfield Hills MI 48304-3922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Delta Dental of Michigan Retired Executive
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 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
 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 ▼
 500.00

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

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	11250.00

**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. 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

Category/
Type

Candidate Name

America's Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
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

Category/
Type

Candidate Name

Rep. Patrick Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
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

Category/
Type

Candidate Name

Mr. Daniel Kildee

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

MM / DD / YYYY
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

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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

MM / DD / YYYY
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

MM / DD / YYYY
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

MM / DD / YYYY

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