

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 48864

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), 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 Report for the: Primary, Convention, General, Special (d) 30-Day Report for the: General, Runoff, Special

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 Richard Lantz

Signature of Treasurer Richard Lantz [Electronically Filed] Date 01 / 31 / 2013

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="2011"/>		40747.36
(b) Cash on Hand at Beginning of Reporting Period.....	40747.36	
(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).....	49166.45	49166.45
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)).....	39766.45	39766.45
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

FEC Form 3X (Rev. 06/2004)

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).....	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 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))..... ▶	8419.09	8419.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8419.09	8419.09

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.....	9400.00	9400.00
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)) ..	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

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)	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: (check only one)	PAGE 6 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	<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. Kerry M Kaysserian DDS
 Full Name (Last, First, Middle Initial)
 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 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
 05 / 20 / 2011
Transaction ID : 19255313
 Amount of Each Receipt this Period
 500.00

B. John Collier Jr.
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Maury Regional Hospital Assistant Administrator
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2011
Transaction ID : 19255324
 Amount of Each Receipt this Period
 250.00

C. Louis Betanzos
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Executive-NBD 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
 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 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. 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
 05 / 18 / 2011
Transaction ID : 19255326
 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 ▼ 700.00

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

C. John R. Cook DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 Scenic Woods Circle East
 City Muskegon State MI Zip Code 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
 M M / D D / Y Y Y Y Y Y
 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: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Orin J Mazzoni Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 37531 Dunganren Ct.
 City Northville State MI Zip Code 48167-9024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orin Jewelers Occupation President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2011
Transaction ID : 19255355
 Amount of Each Receipt this Period
 250.00

B. Cynthia Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 844 Pebblebrook Lane
 City East Lansing State MI Zip Code 48823-2164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Education Special Services As Occupation Executive Director
 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 / 18 / 2011
Transaction ID : 19255380
 Amount of Each Receipt this Period
 700.00

C. George R Walkotten DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8328 Greenfield Shores
 City Scotts State MI Zip Code 49088-8727
 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
 M M M / D D D / Y Y Y Y Y Y
 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 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

Mailing Address 360 Winding River Dr.

City State Zip Code
Williamston MI 48895-9004

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

Name of Employer Occupation
Michigan Catholic Conference 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 / 18 / 2011

Transaction ID : 19255392

Amount of Each Receipt this Period
700.00

Full Name (Last, First, Middle Initial)
B. Thomas J Gant DDS

Mailing Address 41201 Little Dr.

City State Zip Code
Clinton Twp MI 48036-1411

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

Name of Employer Occupation
Retired Dentist

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 / 18 / 2011

Transaction ID : 19255404

Amount of Each Receipt this Period
700.00

Full Name (Last, First, Middle Initial)
C. Lonny E Zietz D.D.S, M.S

Mailing Address 1111 Cramton NE

City State Zip Code
Ada MI 49301-9582

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

Name of Employer Occupation
Lonny E. Zietz DDS, MS 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 / 19 / 2011

Transaction ID : 19255405

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00

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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mack B Solomon Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 69
 City Dimondale State MI Zip Code 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
 M M / D D / Y Y Y Y Y Y
05 / 26 / 2011
Transaction ID : 19255433
 Amount of Each Receipt this Period
500.00

B. Wilbert C Fletke DDS, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Brookside Dr.
 City Lansing State MI Zip Code 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
 M M / D D / Y Y Y Y Y Y
06 / 08 / 2011
Transaction ID : 19255434
 Amount of Each Receipt this Period
300.00

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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2011
Transaction ID : 19255435
 Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL 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

Full Name (Last, First, Middle Initial)

A. Alexander For Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution to Federal candidate

011

Candidate Name

Sen. Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2011

Transaction ID : 18824104

Amount of Each Disbursement this Period

500.00

Contribution to Federal candidate

Full Name (Last, First, Middle Initial)

B. Friends of Sherrod Brown

Mailing Address P.O. Box 76187
Suite 800

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution to Federal candidate

011

Candidate Name

Sherrod Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2011

Transaction ID : 18978425

Amount of Each Disbursement this Period

2500.00

Contribution to Federal candidate

Full Name (Last, First, Middle Initial)

C. Udall For Us All

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Contribution to Federal candidate

011

Candidate Name

Mr. Tom Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY
01 / 25 / 2011

Transaction ID : 19064594

Amount of Each Disbursement this Period

1000.00

Contribution to Federal candidate

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

4000.00

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. 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

MM / DD / YYYY
05 / 31 / 2011

Transaction ID : 19135081

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
Monetary contribution to PAC

011

Candidate Name

Rep. Patrick Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2011

Transaction ID : 19135082

Amount of Each Disbursement this Period

2500.00

Monetary contribution to PAC

Full Name (Last, First, Middle Initial)

C. Hansen Clarke For Congress

Mailing Address 1448 Woodward Avenue #305

City Detroit State MI Zip Code 48226

Purpose of Disbursement
Monetary contribution to PAC

011

Candidate Name

Rep. Hansen Clarke

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 13

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2011

Transaction ID : 19135096

Amount of Each Disbursement this Period

250.00

Monetary contribution to PAC

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

4250.00

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. Huizenga For Congress

Mailing Address 441 William Court

City Zeeland State MI Zip Code 49464

Purpose of Disbursement
Monetary contribution to PAC

011

Candidate Name

Rep. Bill Huizenga

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		07		2011

Transaction ID : 19171243

Amount of Each Disbursement this Period

500.00

Monetary contribution to PAC

Full Name (Last, First, Middle Initial)

B. 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

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
06		16		2011

Transaction ID : 19188651

Amount of Each Disbursement this Period

250.00

Monetary contribution to PAC

Full Name (Last, First, Middle Initial)

C. Gibbs For Congress

Mailing Address 6992 Tr 466

City Lakeville State OH Zip Code 44638

Purpose of Disbursement
Monetary contribution to PAC

011

Candidate Name

Rep. Robert Gibbs

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2011

Transaction ID : 19197946

Amount of Each Disbursement this Period

250.00

Monetary contribution to PAC

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

1000.00

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

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. 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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2011

Transaction ID : 19261990

Amount of Each Disbursement this Period

150.00

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

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

150.00

9400.00
