



**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="2014"/>	<input type="text" value="74442.59"/>	<input type="text" value="74442.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73949.92"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8756.85"/>	<input type="text" value="8764.18"/>
(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="82706.77"/>	<input type="text" value="83206.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="10500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72706.77"/>	<input type="text" value="72706.77"/>
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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6300.00	6300.00
(ii) Unitemized .....	1400.00	1400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7700.00	7700.00
(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) .....	7700.00	7700.00
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.....	1050.00	1050.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.85	14.18
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))..... ▶	8756.85	8764.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8756.85	8764.18

**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.....	9200.00	9200.00
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 .....	800.00	1300.00
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)) ..	10000.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10500.00

**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) .....	7700.00	7700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7700.00	7700.00
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	

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. 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 M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

**Transaction ID : 21873285**

Amount of Each Receipt this Period  
500.00

**B. Todd Ester**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1792 Liberty Street North

City Canton	State MI	Zip Code 48188-8003
----------------	-------------	------------------------

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

Name of Employer Dr. Todd Ester, D.D.S.	Occupation 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	/	14	/	2014

**Transaction ID : 21873286**

Amount of Each Receipt this Period  
500.00

**C. Jack Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 134 Airport Road

City Waterford	State MI	Zip Code 48327-1701
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Perpetua Parish	Occupation Pastor
---	----------------------

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	/	14	/	2014

**Transaction ID : 21873289**

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

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

**A. Thomas J Gant DDS**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2014  
**Transaction ID : 21873291**  
 Amount of Each Receipt this Period  
 500.00

**B. Laura O. Stearns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5154 Sapphire Circle  
 City State Zip Code  
 East Lansing MI 48823-7266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Michigan Catholic Conference Vice President of Service Org.  
 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 / 14 / 2014  
**Transaction ID : 21873292**  
 Amount of Each Receipt this Period  
 500.00

**C. 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 / 26 / 2014  
**Transaction ID : 21873293**  
 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: (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**

Full Name (Last, First, Middle Initial) <b>A. Beach Hall</b>		Date of Receipt
Mailing Address 264 South Lake St.		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code Rogers City MI 49779-1714		<b>Transaction ID : 21873295</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Retired	Occupation Benefits Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Wilbert C Fletke DDS, MS</b>		Date of Receipt
Mailing Address 130 Brookside Dr.		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code Lansing MI 48917		<b>Transaction ID : 21873299</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
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 ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. James P. Hallan</b>		Date of Receipt
Mailing Address 2490 Overglan Ct.		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City State Zip Code East Lansing MI 48823-9475		<b>Transaction ID : 21873301</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer MI Retailers Association	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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"/> 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. Arthur D Even Jr. DDS, MS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5711 Livernois Rd.  
 City Rochester State MI Zip Code 48306-2537  
 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 250.00

Date of Receipt 05 / 14 / 2014  
**Transaction ID : 21873302**  
 Amount of Each Receipt this Period 250.00

**B. 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 05 / 15 / 2014  
**Transaction ID : 21873303**  
 Amount of Each Receipt this Period 500.00

**C. 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 500.00

Date of Receipt 05 / 14 / 2014  
**Transaction ID : 21873304**  
 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 10 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 R. Cook DDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3600 Scenic Woods Circle East

City Muskegon	State MI	Zip Code 49445-8844
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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 M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : 21873305**

Amount of Each Receipt this Period  
500.00

**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
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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	/	14	/	2014

**Transaction ID : 21873306**

Amount of Each Receipt this Period  
500.00

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6300.00

**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)  
 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. Dave Camp For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5915 Eastman Avenue  
 Suite 100  
 City Midland State MI Zip Code 48640  
 FEC ID number of contributing federal political committee. **C** C00347476  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2014  
**Transaction ID : 21739613**  
 Amount of Each Receipt this Period  
 1050.00  
 Refund of 6/13/13 contribution for 2014 General Election

**B.**  
 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 ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 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 ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1050.00

**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. Debbie Dingell For Congress**

Mailing Address PO Box 746

City Dearborn State MI Zip Code 48121

Purpose of Disbursement  
Contribution

011

Candidate Name

**Debbie Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2014

**Transaction ID : 21703798**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Mike Bishop for Congress**

Mailing Address P.O. Box 1148

City Brighton State MI Zip Code 48816

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michael Bishop**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

**Transaction ID : 21754406**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. John Moolenaar for Congress**

Mailing Address P.O. Box 2192

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Moolenaar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

**Transaction ID : 21754407**

Amount of Each Disbursement this Period

500.00

Contribution

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

3500.00

**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. Tiberi For Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick Tiberi**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : 21770905**

Amount of Each Disbursement this Period

1200.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Peters for Michigan**

Mailing Address P.O. Box 2226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement  
Contribution

Candidate Name

**Gary Peters**

Office Sought:  House  
 Senate  
 President  
State: MI District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014

**Transaction ID : 21831787**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. O2**

Mailing Address 3687 West Market Street, Ste 289

City Akron State OH Zip Code 44333

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2014

**Transaction ID : 21832960**

Amount of Each Disbursement this Period

2000.00

Contribution

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

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

5700.00

9200.00

**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 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 checked="" 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. Citizens for Stinziano**

Mailing Address 550 E. Walnut St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

011

Candidate Name

**OH Rep. Michael Stinziano**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2014

**Transaction ID : 21770896**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens for Bishoff**

Mailing Address 2902 Braden Way

City Blacklick State OH Zip Code 43004

Purpose of Disbursement Contribution

011

Candidate Name

**OH Rep. Heather Bishoff**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2014

**Transaction ID : 21770903**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Lynn Wachtmann**

Mailing Address 550 Euclid Ave.

City Napoleon State OH Zip Code 43545

Purpose of Disbursement Contribution

011

Candidate Name

**OH Rep. Lynn Wachtmann**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2014

**Transaction ID : 21770904**

Amount of Each Disbursement this Period

300.00

Contribution

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

800.00

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

800.00