

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.

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

C 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)
[X] October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period

07 / 01 / 2012 through 09 / 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 10 / 15 / 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.

Table with 10 columns for Office Use Only.

**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.....	48580.99	
(c) Total Receipts (from Line 19)	16961.55	29829.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65542.54	71910.13
7. Total Disbursements (from Line 31).....	184.60	5956.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	65357.94	65953.93
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).....	16600.00	28100.00
(ii) Unitemized	350.00	1700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16950.00	29800.00
(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)	16950.00	29800.00
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.).....	11.55	29.82
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))..... ▶	16961.55	29829.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16961.55	29829.82

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.....	0.00	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	184.60	184.60
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)) ..	184.60	5956.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	184.60	5956.20

DETAILED SUMMARY PAGE
of Disbursements

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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)	16950.00	29800.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16950.00	29800.00
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 11
	<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. 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 Occupation Retired Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 27 / 2012**
Transaction ID : 20256974
 Amount of Each Receipt this Period **300.00**

B. Kerry M Kayserian DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 4391 Silver Valley Lane
 City Traverse City State MI Zip Code 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 **07 / 27 / 2012**
Transaction ID : 20256975
 Amount of Each Receipt this Period **500.00**

C. Campbell Sowell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4039 Pulaski Hwy
 City Culleoka State TN Zip Code 38451-2028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Campbell M. Sowell DDS Self-Employed Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 27 / 2012**
Transaction ID : 20256976
 Amount of Each Receipt this Period **500.00**

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 7 OF 11
	<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. Joseph Rainey D.D.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Dogwood Ln.
 City Clinton State TN Zip Code 37716-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Joseph Rainey, D.D.S. Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1400.00

Date of Receipt
 08 / 29 / 2012
Transaction ID : 20362961
 Amount of Each Receipt this Period
 1400.00

B. Mel Collazo D.D.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14015 Belle Pointe Dr.
 City Little Rock State AR Zip Code 72212-3694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Orthodontist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1400.00

Date of Receipt
 08 / 29 / 2012
Transaction ID : 20362962
 Amount of Each Receipt this Period
 1400.00

C. Stephen Chreist
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Pinon Hill Pl. NE
 City Albuquerque State NM Zip Code 87122-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1400.00

Date of Receipt
 08 / 13 / 2012
Transaction ID : 20364978
 Amount of Each Receipt this Period
 1400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4200.00
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 8 OF 11
(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. Michael B Mountjoy
 Mailing Address 2300 Waterfront Plaza
 City State Zip Code
 Louisville KY 40202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mountjoy & Bressler LLP Accountant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1400.00

Date of Receipt
 08 / 13 / 2012
Transaction ID : 20364980
 Amount of Each Receipt this Period
 1400.00

Full Name (Last, First, Middle Initial)
B. John Collier Jr.
 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 ▼
 1400.00

Date of Receipt
 08 / 13 / 2012
Transaction ID : 20364981
 Amount of Each Receipt this Period
 1400.00

Full Name (Last, First, Middle Initial)
C. Olivia Kirtley
 Mailing Address 3971 Gulf Shore Blvd.,N Apt 1204
 City State Zip Code
 Naples FL 34103-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 08 / 13 / 2012
Transaction ID : 20364982
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3800.00
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 11
<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. Susan F Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2420 North Taylor

City Little Rock State AR Zip Code 72207-3625

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

Name of Employer Metopolitan National Bank Occupation Senior EVP/COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 13 / 2012
Transaction ID : 20364996

Amount of Each Receipt this Period 1400.00

B. Daniel F Evans
Full Name (Last, First, Middle Initial)

Mailing Address 330 West 62nd Street

City Indianapolis State IN Zip Code 46260-4716

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

Name of Employer Clarian Health Occupation President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 13 / 2012
Transaction ID : 20364997

Amount of Each Receipt this Period 1000.00

C. Dr. Terence R Comar
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Whites Rd.

City Kalamazoo State MI Zip Code 49008-2872

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 ▼ 3000.00

Date of Receipt 09 / 12 / 2012
Transaction ID : 20365011

Amount of Each Receipt this Period 3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5400.00

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 11
	<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

Full Name (Last, First, Middle Initial) A. E Weldon Johnson		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : 20367781
Mailing Address 13 Pine Trail		Amount of Each Receipt this Period 1400.00
City Texarkana	State AR	Zip Code 71854-3033
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation Construction Industry Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) B. Leslie Sellers		Date of Receipt MM / DD / YYYY 09 / 25 / 2012 Transaction ID : 20368024
Mailing Address 103 Dogwood Lane		Amount of Each Receipt this Period 500.00
City Clinton	State TN	Zip Code 37716-3301
FEC ID number of contributing federal political committee. C		
Name of Employer Sellers Realty	Occupation Appraiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	16600.00

**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. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Inkind contribution to U.S. Rep. Dave Camp

Candidate Name
Rep. David Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2012

Transaction ID : 20367737

Amount of Each Disbursement this Period

184.60

Inkind contribution to U.S. Rep. Dave Camp

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)..... ▶

184.60

184.60
