

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 Okemos MI 48864 Check if different than previously reported. (ACC)

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, 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 07 01 2010 through 09 30 2010

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="2010"/>	<input type="text" value="40322.22"/>	<input type="text" value="40322.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36868.92"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8534.93"/>	<input type="text" value="11360.03"/>
(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="45403.85"/>	<input type="text" value="51682.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2517.00"/>	<input type="text" value="8795.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42886.85"/>	<input type="text" value="42886.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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).....	7350.00	9125.00
(ii) Unitemized	1175.00	2195.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8525.00	11320.00
(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)	8525.00	11320.00
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.).....	9.93	40.03
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))..... ▶	8534.93	11360.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8534.93	11360.03

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.....	2500.00	8778.40
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	17.00	17.00
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)) ..	2517.00	8795.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2517.00	8795.40

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)	8525.00	11320.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8525.00	11320.00
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 12
	<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"/>	<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. Mack B Solomon Jr
 Full Name (Last, First, Middle Initial)
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2010
Transaction ID : 18431775
 Amount of Each Receipt this Period
 250.00

B. Mary Michael Corbett
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Brownsboro Hill Rd.
 City State Zip Code
 Louisville KY 40207-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Norton Healthcare Vice President Health Policy & Govt. R
 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
 07 / 23 / 2010
Transaction ID : 18442150
 Amount of Each Receipt this Period
 250.00

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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2010
Transaction ID : 18664693
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 12
	<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. Kelly J Scheiderer RHIA, MHA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3245 Echo Park Dr.
 City Hilliard State OH Zip Code 43026-7181
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The OSU Medical Center Occupation Administrator
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1400.00

Date of Receipt 08 / 11 / 2010
Transaction ID : 18664694
 Amount of Each Receipt this Period 1400.00

B. Stephen Christ
 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 N/A Occupation Retired
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1400.00

Date of Receipt 08 / 07 / 2010
Transaction ID : 18664703
 Amount of Each Receipt this Period 1400.00

C. Olivia Kirtley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3971 Gulf Shore Blvd.,N Apt 1204
 City Naples State FL Zip Code 34103-2105
 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 1000.00

Date of Receipt 08 / 10 / 2010
Transaction ID : 18664704
 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: PAGE 8 OF 12
(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. Joshua S. Howie
Full Name (Last, First, Middle Initial)
Mailing Address 2124 Harrison St.
City Glenview State IL Zip Code 60025-4955
FEC ID number of contributing federal political committee. **C**
Name of Employer Freeport Financial, LLC Occupation Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 07 / 2010
Transaction ID : 18664706
Amount of Each Receipt this Period 1400.00

B. Michael B Mountjoy
Full Name (Last, First, Middle Initial)
Mailing Address 2300 Waterfront Plaza
City Louisville State KY Zip Code 40202
FEC ID number of contributing federal political committee. **C**
Name of Employer Mountjoy & Bressler LLP Occupation Accountant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 12 / 2010
Transaction ID : 18664707
Amount of Each Receipt this Period 1400.00

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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
TOTAL This Period (last page this line number only).....▶	7350.00

**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. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Monetary donation to candidate

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2010

Transaction ID : 18426079

Amount of Each Disbursement this Period

500.00

Monetary donation to candidate

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Monetary donation to candidate

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2010

Transaction ID : 18427958

Amount of Each Disbursement this Period

1000.00

Monetary donation to candidate

Full Name (Last, First, Middle Initial)

C. Smith Floral

Mailing Address 1124 East Mt. Hope Avenue

City Lansing State MI Zip Code 48910

Purpose of Disbursement
In-kind contribution to U.S. Sen. Stabenow

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2010

Transaction ID : 18435409

Amount of Each Disbursement this Period

599.00

In-kind contribution to U.S. Sen. Stabenow

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

2099.00

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. Delta Dental of Michigan

Mailing Address 4100 Okemos Rd.

City Okemos State MI Zip Code 48864

Purpose of Disbursement
In-kind contribution to U.S. Sen. Stabenow

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2010

Transaction ID : 18435411

Amount of Each Disbursement this Period

1508.40

In-kind contribution to U.S. Sen. Stabenow

Full Name (Last, First, Middle Initial)

B. Betty Sutton For Congress

Mailing Address 1700 W Market St #155

City Akron State OH Zip Code 44313

Purpose of Disbursement
Monetary donation to candidate

011

Candidate Name

Rep. Betty Sutton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2010

Transaction ID : 18501052

Amount of Each Disbursement this Period

1000.00

Monetary donation to candidate

Full Name (Last, First, Middle Initial)

C. Delta Dental of Michigan

Mailing Address 4100 Okemos Rd.

City Okemos State MI Zip Code 48864

Purpose of Disbursement
In-Kind contribution to U.S. Rep.Dave Camp

011

Candidate Name

Rep. David Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2010

Transaction ID : 18665784

Amount of Each Disbursement this Period

175.49

In-Kind contribution to U.S. Rep.Dave Camp

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

2683.89

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. Delta Dental of Michigan

Mailing Address 4100 Okemos Rd.

City Okemos State MI Zip Code 48864

Purpose of Disbursement
Void - Duplicate Transaction. See Schedule B of July Quarterly 2010

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2010

Transaction ID : 20573873

Amount of Each Disbursement this Period

-1508.40

Void - Duplicate Transaction. See Schedule B of July Quarterly 2010

Full Name (Last, First, Middle Initial)

B. Delta Dental of Michigan

Mailing Address 4100 Okemos Rd.

City Okemos State MI Zip Code 48864

Purpose of Disbursement
Void - Check lost by Delta Dental of MI. Reissued and reflected in 2012 year-end report

011

Candidate Name

Rep. David Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2010

Transaction ID : 20622050

Amount of Each Disbursement this Period

-175.49

Void - Check lost by Delta Dental of MI. Reissued and reflected in 2012 year-end report.

Full Name (Last, First, Middle Initial)

C. Trumpie Photography

Mailing Address 11613 Upton Rd.

City Grand Ledge State MI Zip Code 48837

Purpose of Disbursement
Payment of IK Contribution for Trumpie Photography

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2010

Transaction ID : 20623346

Amount of Each Disbursement this Period

171.00

Payment of IK Contribution for Trumpie Photography

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

-1512.89

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. Trumpie Photography

Mailing Address 11613 Upton Rd.

City Grand Ledge State MI Zip Code 48837

Purpose of Disbursement
Void - Duplicate Transaction. See Schedule B of July Quarterly 2010

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2010

Transaction ID : 20623557

Amount of Each Disbursement this Period

-171.00

Void - Duplicate Transaction. See Schedule B of July Quarterly 2010

Full Name (Last, First, Middle Initial)

B. Smith Floral

Mailing Address 1124 East Mt. Hope Avenue

City Lansing State MI Zip Code 48910

Purpose of Disbursement
Void - Duplicate Transaction. See Schedule B of July Quarterly 2010

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2010

Transaction ID : 20623559

Amount of Each Disbursement this Period

-599.00

Void - Duplicate Transaction. See Schedule B of July Quarterly 2010

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

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

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)..... ▶

-770.00

2500.00
