

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR 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
 Check if different than previously reported. (ACC)
Okemos MI 48805 0293

2. **FEC IDENTIFICATION NUMBER** 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)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 Electronically Filed by Laura Czelada Date 02 01 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 5385.47 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 9147.68 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 31204.54 | 35056.75 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 40352.22 | 40442.22 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 30.00 | 120.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 40322.22 | 40322.22 | | | | | | | | |
| 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) | 30200.00 | 32250.00 |
| (ii) Unitemized | 1000.00 | 2800.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 31200.00 | 35050.00 |
| (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) | 31200.00 | 35050.00 |
| 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.) | 4.54 | 6.75 |
| 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 Transfer (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)) | 31204.54 | 35056.75 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 31204.54 | 35056.75 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared 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 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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..... | 30.00 | 120.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 30.00 | 120.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 30.00 | 120.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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 | 31200.00 | 35050.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31200.00 | 35050.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 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 |

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.

Full Name (Last, First, Middle Initial)
Lawrence D Crawford, DDS

Mailing Address 3726 Rosewood Lane

City State Zip Code
Rochester Hills MI 48309-1079

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 / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 17388591

Amount of Each Receipt this Period
500.00

Financial Contribution

B.

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

Mailing Address 1900 Whites Rd.

City State Zip Code
Kalamazoo MI 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 ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17979812

Amount of Each Receipt this Period
1400.00

Financial contribution

C.

Full Name (Last, First, Middle Initial)
C Bruce Baird

Mailing Address P.O. Box 817

City State Zip Code
Sewanee TN 37375-0817

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 ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 17979814

Amount of Each Receipt this Period
1400.00

Financial contribution

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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 / 14 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Colleen Vienna, D.D.S. | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 26112 Byron Dr. | Transaction ID: 17987462 |
| | City State Zip Code North Olmsted OH 44070-1914 | Amount of Each Receipt this Period 1400.00 |
| | FEC ID number of contributing federal political committee. C | Financial contribution |
| | Name of Employer Self-employed Occupation Dentist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1400.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Susan Carron, DDS,MS | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 39038 Empire Ct. | Transaction ID: 17987463 |
| | City State Zip Code Farmington Hills MI 48331-3919 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Financial contribution |
| | Name of Employer Self-employed Occupation Dentist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) John Collier, Jr. | Date of Receipt MM / DD / YYYY 08 / 28 / 2009 |
| | Mailing Address 401 Brierwood Dr. | Transaction ID: 17987464 |
| | City State Zip Code Columbia TN 38401-2202 | Amount of Each Receipt this Period 350.00 |
| | FEC ID number of contributing federal political committee. C | Financial contribution |
| | Name of Employer Maury Regional Hospital Occupation Assistant Administrator | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| 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 / 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. Full Name (Last, First, Middle Initial)
Stephen Chreist
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 / 28 / 2009
Transaction ID: 17987465
Amount of Each Receipt this Period 1400.00
Financial contribution

B. Full Name (Last, First, Middle Initial)
Christian Rice
Mailing Address 551 Midway Circle
City Brentwood State TN Zip Code 37027-5178
FEC ID number of contributing federal political committee. **C**
Name of Employer Touchstone Medical Imaging Occupation Certified Public Accountant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00
Date of Receipt 08 / 31 / 2009
Transaction ID: 17987474
Amount of Each Receipt this Period 1400.00

C. Full Name (Last, First, Middle Initial)
Olivia Kirtley
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 Retired Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00
Date of Receipt 08 / 31 / 2009
Transaction ID: 17987475
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 9 / 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.

Full Name (Last, First, Middle Initial)
Jeffrey Keller

Mailing Address 13569 Otusso Dr.

City State Zip Code
Perrysburg OH 43551-1065

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ProMedica Health System Vice President of Compensation and Ben

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 31 / 2009

Transaction ID: 17987477

Amount of Each Receipt this Period 1400.00

B.

Full Name (Last, First, Middle Initial)
Lisa Dancsok

Mailing Address 25728 Island Lake Dr.

City State Zip Code
Novi MI 48374-2174

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MI Economic Development Corp. Executive Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 31 / 2009

Transaction ID: 17987478

Amount of Each Receipt this Period 1400.00

C.

Full Name (Last, First, Middle Initial)
Bruce Heaton

Mailing Address P.O. Box 137

City State Zip Code
Graymont IL 61743-0137

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Frontier Mutual Insurance Company Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 31 / 2009

Transaction ID: 17987479

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 10 / 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.

Full Name (Last, First, Middle Initial)
Jack Baker

Mailing Address 134 Airport Rd.

City Waterford State MI Zip Code 48327-1701

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

Name of Employer St. Perpetua Parish Occupation Priest

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 31 / 2009
Transaction ID: 17987480
 Amount of Each Receipt this Period 1400.00

B.

Full Name (Last, First, Middle Initial)
John Breza, D.D.S.

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 ▼ 1400.00

Date of Receipt 08 / 31 / 2009
Transaction ID: 17987481
 Amount of Each Receipt this Period 1400.00

C.

Full Name (Last, First, Middle Initial)
C. Richard Seitz

Mailing Address 3898 Crooked Creek

City Okemos State MI Zip Code 48864-3793

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

Name of Employer Retired Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 31 / 2009
Transaction ID: 17987482
 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 11 / 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.

Full Name (Last, First, Middle Initial)
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 ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 17987483

Amount of Each Receipt this Period

1400.00

B.

Full Name (Last, First, Middle Initial)
Teri Miller

Mailing Address 45471 Amherst Dr.

City State Zip Code
Novi MI 48374-3112

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

Name of Employer Occupation
MI Auto Insurance Placeme-nt Facility General Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 17987484

Amount of Each Receipt this Period

1400.00

C.

Full Name (Last, First, Middle Initial)
Bruce Smith

Mailing Address 26660 Berg Rd., #1814

City State Zip Code
Southfield MI 48034-5388

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

Name of Employer Occupation
Lear Corporation Director- Health & Welfare Administrat

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 17987485

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 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. Full Name (Last, First, Middle Initial)
James P. Hallan
Mailing Address 4288 Indian Glen Dr.
City Okemos State MI Zip Code 48864-3825
FEC ID number of contributing federal political committee. **C**
Name of Employer MI Retailers Association Occupation President & COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 08 / 31 / 2009
Transaction ID: 17987486
Amount of Each Receipt this Period 1500.00

B. Full Name (Last, First, Middle Initial)
Mr. Lu Battaglieri
Mailing Address 1709 Anderson Way
City East Lansing State MI Zip Code 48823-2121
FEC ID number of contributing federal political committee. **C**
Name of Employer MEA Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00
Date of Receipt 08 / 31 / 2009
Transaction ID: 17987487
Amount of Each Receipt this Period 1400.00

C. Full Name (Last, First, Middle Initial)
Richard Perry, D.D.S.
Mailing Address 816 S. Oak Park Ave.
City Oak Park State IL Zip Code 60304-1238
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 08 / 31 / 2009
Transaction ID: 17987488
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 3400.00
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 13 / 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. | Full Name (Last, First, Middle Initial) Timothy E. Moffit | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 10703 Sudan St. | | Transaction ID: 17987489 |
| | City | State | Zip Code |
| | Portage | MI | 49002-7347 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1400.00 |
| Name of Employer Kalamazoo College | | Occupation Assistant Professor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1400.00 | |

| | | | |
|---|--|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Kerry M Kaysserian, DDS | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 4391 Silver Valley Lane | | Transaction ID: 17987490 |
| | City | State | Zip Code |
| | Traverse City | MI | 49684-8796 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-employed | | Occupation Dentist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Joseph Rainey, D.D.S. | | Date of Receipt MM / DD / YYYY 08 / 31 / 2009 |
| | Mailing Address 111 Dogwood Ln. | | Transaction ID: 17987491 |
| | City | State | Zip Code |
| | Clinton | TN | 37716-3301 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1400.00 |
| Name of Employer Joseph Rainey, D.D.S. | | Occupation Dentist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1400.00 | |

SUBTOTAL of Receipts This Page (optional) ▶

3050.00

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 14 / 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"/> 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. | Full Name (Last, First, Middle Initial) Michael B Mountjoy | | Date of Receipt | |
| | Mailing Address 2300 Waterfront Plaza | | M M / D D / Y Y Y Y 08 / 31 / 2009 | |
| | City | State | Zip Code | Transaction ID: 17987492 |
| | Louisville | KY | 40202 | |
| | FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period | |
| | C | | 1400.00 | |
| Name of Employer Mountjoy & Bressler LLP | | Occupation Accountant | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1400.00 | | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1400.00 |
| TOTAL This Period (last page this line number only) | ▶ | 30200.00 |