

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 (12S)
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 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 Laura Czelada

Signature of Treasurer Electronically Filed by Laura Czelada Date 10 15 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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		40322.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	36868.92									
(c) Total Receipts (from Line 19)	8534.93	11360.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45403.85	51682.25								
7. Total Disbursements (from Line 31)	4970.89	11249.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40432.96	40432.96								
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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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 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))	8534.93	11360.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8534.93	11360.03

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.....	2278.40	2278.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2278.40	2278.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2675.49	8953.89
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.....	17.00	17.00
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))..	4970.89	11249.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4970.89	11249.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 11

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)).....	2278.40	2278.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2278.40	2278.40

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Mack B Solomon, Jr

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 Retired Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	2	/	2	0	1	0

Transaction ID: 18431775

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mary Michael Corbett

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 Norton Healthcare Occupation Vice President Health Policy & Govt. R

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	0

Transaction ID: 18442150

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kerry M Kaysserian, DDS

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 Self-employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

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: PAGE 7 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Kelly J Scheiderer, RHIA, MHA
 Mailing Address 3245 Echo Park Dr.
 City Hilliard State OH Zip Code 43026-7181
 Date of Receipt MM / DD / YYYY
08 / 11 / 2010
Transaction ID: 18664694
 Amount of Each Receipt this Period 1400.00
 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

B. Full Name (Last, First, Middle Initial)
Stephen Christ
 Mailing Address 65 Pinon Hill Pl. NE
 City Albuquerque State NM Zip Code 87122-1914
 Date of Receipt MM / DD / YYYY
08 / 07 / 2010
Transaction ID: 18664703
 Amount of Each Receipt this Period 1400.00
 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

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
 Date of Receipt MM / DD / YYYY
08 / 10 / 2010
Transaction ID: 18664704
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Retired Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 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 / 11
	(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) Joshua S. Howie		Date of Receipt
Mailing Address 2124 Harrison St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 07 / 2010
City	State	Zip Code
Glenview	IL	60025-4955
FEC ID number of contributing federal political committee.		Transaction ID: 18664706
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Freeport Financial, LLC		<input type="text"/> 1400.00
Occupation Managing Director		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 1400.00	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Michael B Mountjoy		Date of Receipt
Mailing Address 2300 Waterfront Plaza		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 12 / 2010
City	State	Zip Code
Louisville	KY	40202
FEC ID number of contributing federal political committee.		Transaction ID: 18664707
C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Mountjoy & Bressler LLP		<input type="text"/> 1400.00
Occupation Accountant		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 1400.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2800.00
TOTAL This Period (last page this line number only)	<input type="text"/> 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

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)
Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Monetary donation to candidate

Candidate Name
Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

State: TN District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18426079

Date of Disbursement

07 / 13 / 2010

Amount of Each Disbursement this Period

500.00

Monetary donation to candidate

B. Full Name (Last, First, Middle Initial)
McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Monetary donation to candidate

Candidate Name
Sen. Mitch McConnell

Office Sought: House
 Senate
 President

State: KY District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18427958

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

Monetary donation to candidate

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

Candidate Name
Rep. Betty Sutton

Office Sought: House
 Senate
 President

State: OH District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18501052

Date of Disbursement

08 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

Monetary donation to candidate

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

A.

Full Name (Last, First, Middle Initial)
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

Candidate Name
Rep. David Camp

Office Sought: House
 Senate
 President

State: MI District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 18665784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

A.	Full Name (Last, First, Middle Initial) Trumpie Photography	Transaction ID: 18435402
	Mailing Address 11613 Upton Rd.	Date of Disbursement 07 / 19 / 2010
	City Grand Ledge State MI Zip Code 48837	Amount of Each Disbursement this Period 171.00
	Purpose of Disbursement In-kind contribution to U.S. Sen. Stabenow	011 Category/ Type
	Candidate Name Debbie Stabenow	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	In-kind contribution to U.S. Sen. Stabenow
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Smith Floral	Transaction ID: 18435409
	Mailing Address 1124 East Mt. Hope Avenue	Date of Disbursement 07 / 19 / 2010
	City Lansing State MI Zip Code 48910	Amount of Each Disbursement this Period 599.00
	Purpose of Disbursement In-kind contribution to U.S. Sen. Stabenow	011 Category/ Type
	Candidate Name Debbie Stabenow	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	In-kind contribution to U.S. Sen. Stabenow
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Delta Dental of Michigan	Transaction ID: 18435411
	Mailing Address 4100 Okemos Rd.	Date of Disbursement 07 / 19 / 2010
	City Okemos State MI Zip Code 48864	Amount of Each Disbursement this Period 1508.40
	Purpose of Disbursement In-kind contribution to U.S. Sen. Stabenow	011 Category/ Type
	Candidate Name Debbie Stabenow	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	In-kind contribution to U.S. Sen. Stabenow
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2278.40
TOTAL This Period (last page this line number only)	2278.40