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### FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Renaissance Health Service Corporation Political Action Committee P.O. Box 293 ADDRESS (number and street) Check if different than previously Okemos МІ 48805 0293 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00450288 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 10 20 2010 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Laura Czelada Type or Print Name of Treasurer Electronically Filed by Laura Czelada 10 20 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

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OF RECEIPTS AND DISBURSEMENTS	2 / 6
ration Political Action Committee	
M M D D D Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1	To: M M D D D 2 0 1 0
COLUMN A This Period	COLUMN B Calendar Year-to-Date
	40322.22
40432.96	
0.00	11360.03
40432.96	51682.25
0.00	11249.29
40432.96	40432.96
0.00	
_	
320.27	
icandidate committee. (see FEC FORM 1M)	
	Ation Political Action Committee    M M M

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

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Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

Report Covering the Period: From:

M M M 10 01 Y Y W Y
2010

To: M M M 10 01 13 Y Y Y Y

	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)	0.00	9125.00
	(ii) Unitemized	0.00	2195.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	11320.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	11320.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
10.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	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))	0.00	11360.03
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	11360.03

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: ) Shared Federal/Non-Federal		
(a	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	) Other Federal Operating Expenditures	0.00	2278.40
(c	Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	2278.40
2. Tr	ransfers to Affiliated/Other Party		
	ommitteesontributions to	0.00	0.00
	ederal Candidates/Committeesd Other Political Committees	0.00	8953.89
	dependent Expenditure se Schedule E)	0.00	0.00
5. Č	oordinated Expenditures Made by Party ormittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
	pan Repayments Made	0.00	0.00
OC	all repaymente made		
	efunds of Contributions To:	0.00	0.00
(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		0.00	
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. Ot	ther Disbursements	0.00	17.00
	ederal 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
(1	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
1. T	otal Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	11249.29
	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	0.00	11040.00
fı	rom Line 31)	0.00	11249.29

#### **DETAILED SUMMARY PAGE**

of Disbursements

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III. Net	Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	outions (other than loans)	0.00	11320.00
	oution Refunds 8(d))	0.00	0.00
	tions (other than loans) ne 34 from Line 33)	0.00	11320.00
	al Operating Expenditures (a)(i) and Line 21(b))	0.00	2278.40
	perating Expenditures 5, page 3)	0.00	0.00
•	g Expenditures le 37 from Line 36)	0.00	2278.40

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# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans

Outstanding Balance Beginning This Period

(Use separate schedule(s) for each numbered line) PAGE 6 / 6

FOR LINE NUMBER: (check only one) 9

X 10

Transaction ID: 18685805

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Athletic Club of Columbus

Nature of Debt (Purpose):
Expenses for U.S. Senator Sherrod Brown reception

Mailing Address 136 E. Broad St.

City State ZIP Code
Columbus OH 43215

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
320.27 0.00 320.27