

# 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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> 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 02 09 2011

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							
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**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	10650.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40432.96	41031.96								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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) .....	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.....	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.....	4953.89	10633.29
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	10650.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4970.89	10650.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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: PAGE 6 / 12  
(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)  
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 Y  
07 / 12 / 2010

**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 Y  
07 / 23 / 2010

**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 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: PAGE 7 / 12  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelly J Scheiderer, RHIA, MHA</p> <p>Mailing Address 3245 Echo Park Dr.</p> <p>City Hilliard      State OH      Zip Code 43026-7181</p> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <p>Name of Employer: The OSU Medical Center      Occupation: Administrator</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1400.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 8 / 1 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 18664694</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1400.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Stephen Christ</p> <p>Mailing Address 65 Pinon Hill Pl. NE</p> <p>City Albuquerque      State NM      Zip Code 87122-1914</p> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <p>Name of Employer: Retired      Occupation:</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1400.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 8 / 0 7 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 18664703</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1400.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Olivia Kirtley</p> <p>Mailing Address 3971 Gulf Shore Blvd.,N Apt 1204</p> <p>City Naples      State FL      Zip Code 34103-2105</p> <p>FEC ID number of contributing federal political committee.      <b>C</b></p> <p>Name of Employer: Retired      Occupation:</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 8 / 1 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 18664704</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3800.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 20px;"></span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 12</span>
	(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) Joshua S. Howie		Date of Receipt
Mailing Address 2124 Harrison St.		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
City	State	Zip Code
Glenview	IL	60025-4955
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 18664706
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1400.00"/>
Name of Employer Freeport Financial, LLC	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1400.00"/>	

**B.**

Full Name (Last, First, Middle Initial) Michael B Mountjoy		Date of Receipt
Mailing Address 2300 Waterfront Plaza		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
City	State	Zip Code
Louisville	KY	40202
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 18664707
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="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 ▼	
	<input type="text" value="1400.00"/>	

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

A.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	Transaction ID: 18426079 Date of Disbursement 07 / 13 / 2010
	Mailing Address PO Box 682185	Amount of Each Disbursement this Period 500.00
	City Franklin State TN Zip Code 37068	
	Purpose of Disbursement Monetary donation to candidate	011 Category/ Type
	Candidate Name Rep. Marsha Blackburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Monetary donation to candidate

B.	Full Name (Last, First, Middle Initial) McConnell Senate Committee '14	Transaction ID: 18427958 Date of Disbursement 07 / 15 / 2010
	Mailing Address PO Box 1496	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40201	
	Purpose of Disbursement Monetary donation to candidate	011 Category/ Type
	Candidate Name Sen. Mitch McConnell	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Monetary donation to candidate

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1671.00
<b>TOTAL</b> 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 / 12

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Smith Floral</p> <p>Mailing Address 1124 East Mt. Hope Avenue</p> <p>City Lansing State MI Zip Code 48910</p> <p>Purpose of Disbursement In-kind contribution to U.S. Sen. Stabenow</p> <p>Candidate Name Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18435409 <b>Date of Disbursement</b> 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 599.00</p> <p>011 Category/ Type</p> <p>In-kind contribution to U.S. Sen. Stabenow</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Delta Dental of Michigan</p> <p>Mailing Address 4100 Okemos Rd.</p> <p>City Okemos State MI Zip Code 48864</p> <p>Purpose of Disbursement In-kind contribution to U.S. Sen. Stabenow</p> <p>Candidate Name Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18435411 <b>Date of Disbursement</b> 07 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1508.40</p> <p>011 Category/ Type</p> <p>In-kind contribution to U.S. Sen. Stabenow</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W Market St #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Monetary donation to candidate</p> <p>Candidate Name Rep. Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18501052 <b>Date of Disbursement</b> 08 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Monetary donation to cand- idate</p>

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

3107.40

**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 11 / 12

<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

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 D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Smith Floral			Nature of Debt (Purpose): Payment for flowers
Mailing Address 1124 E. Mt. Hope Avenue			
City Lansing	State MI	ZIP Code 48910	

Outstanding Balance Beginning This Period 599.00		<b>Transaction ID:</b> 18911351	
Amount Incurred This Period 0.00	Payment This Period 599.00	Outstanding Balance at Close of This Period 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Trumpie Photography			Nature of Debt (Purpose): Payment for pictures
Mailing Address 11613 Upton Rd.			
City Grand Ledge	State MI	ZIP Code 48837	

Outstanding Balance Beginning This Period 171.00		<b>Transaction ID:</b> 18911352	
Amount Incurred This Period 0.00	Payment This Period 171.00	Outstanding Balance at Close of This Period 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Delta Dental of Michigan			Nature of Debt (Purpose): Reimbursement for beverages, table rentals and use of dining room
Mailing Address 4100 Okemos Road			
City Okemos	State MI	ZIP Code 48864	

Outstanding Balance Beginning This Period 1508.40		<b>Transaction ID:</b> 18911353	
Amount Incurred This Period 0.00	Payment This Period 1508.40	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	0.00