

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
Michigan Citizens for Fiscal Responsibility

(b) Address (number and street) check if different than previously reported
1700 E Beltline NW . STE 200

(c) City, State and ZIP Code
Grand Rapids MI 49525

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001887

3. Is This Statement **New**
or

Amended

4. Covering Period

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

through

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

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title radio advertising
1 0 / 3 1 / 2 0 1 0

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Stephen Linder

(b) Address (number and street)
112 E Allegan, Ste 700

(c) City, State and ZIP Code
Lansing MI 48933

(d) Name of Employer or Principal Place of Business (e) Occupation
The Sterling Corporation Owner

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Jeffrey Timmer

SIGNATURE Electronically Filed by Jeffrey Timmer

DATE 11/01/2010

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Stephen Linder	Transaction ID : F91.000001
	(b) Address (number and street) 112 E Allegan, Ste 700	
	(c) City, State and Zip Code Lansing MI 48933	
	(d) Name of Employer or Principal Place of Business The Sterling Corporation	(e) Occupation Owner
B.	(a) Name Jeffrey Timmer	Transaction ID : F91.000002
	(b) Address (number and street) 112 E Allegan, Ste 700	
	(c) City, State and Zip Code Lansing MI 48933	
	(d) Name of Employer or Principal Place of Business The Sterling Corporation	(e) Occupation Owner

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Nebo Media			Date of Disbursement or Obligation <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>		
Mailing Address of Payee P.O. Box 3775			Amount <input type="text" value="33500.00"/>		
City Washington	State DC	Zip Code 20037	Communication Date <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>		
Name of Employer		Occupation		Transaction ID : F93.000001	

Purpose of Disbursement (including title(s) of communication(s))
 Radio advertising Pregame

Name of Federal Candidate Gary McDowell F94.000002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	<input type="text" value="33500.00"/>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<input type="text" value="33500.00"/>