

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

Committee for Responsible Politics

(b) Address (number and street) check if different than previously reported

2618 Centennial Place

(c) City, State and ZIP Code

Tallahassee

FL

32308

2. FEC Identification Number

C C30001697

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

New

or

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

(b) Communication Title

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

mark Herron

(b) Address (number and street)

2618 Centennial Place

(c) City, State and ZIP Code

Tallahassee

FL

32308

(d) Name of Employer or Principal Place of Business

Messer, Caparello & Self, P.A.

(e) Occupation

Attorney

9. Total Donations This Statement

200000.00

10. Total Disbursements/Obligations This Statement

150000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mark Herron

SIGNATURE Electronically Filed by Mark Herron

DATE 09/17/2010

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

A. Full Name of Donor

Bayside 180, LLC
 Mailing Address of Donor
 2901 Ponce de Leon Boulevard

City State Zip
 Coral Gables FL 33134

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 1 0

Amount

25000.00

Transaction ID : F92.000001

B. Full Name of Donor

Chris Findlater
 Mailing Address of Donor
 6050 North Bay Road

City State Zip
 Miami Beach FL 33149

Date of Receipt

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

Amount

100000.00

Transaction ID : F92.000002

C. Full Name of Donor

Carlos Saladrigas
 Mailing Address of Donor
 11000 SW 83 Avenue

City State Zip
 Miami FL 33156

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 7 / 2 0 1 0

Amount

25000.00

Transaction ID : F92.000003

D. Full Name of Donor

CRC of South Florida, Inc.
 Mailing Address of Donor
 800 Douglas Road, 12th Floor

City State Zip
 Coral Gables FL 33134

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 1 0

Amount

25000.00

Transaction ID : F92.000004

E. Full Name of Donor

F.I.G. Capital, Inc.
 Mailing Address of Donor
 121 Alhambra Plaza, Suite 1100

City State Zip
 Coral Gables FL 33134

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 1 0

Amount

25000.00

Transaction ID : F92.000005

SUBTOTAL of Donations This Page (optional).....

200000.00

TOTAL This Period (last page this line number only).....
 (carry total from last page to Line 9)

200000.00

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee The M Network, Inc. <hr/> Mailing Address of Payee 120 NE 27th Street <hr/> City State Zip Code Maimi FL 33138 <hr/> Name of Employer Occupation	Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	9		1	6		2	0	1	0											
	Amount <table border="1"> <tr> <td>150000.00</td> </tr> </table>	150000.00																			
150000.00																					
Communication Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y											
M	M	/	D	D	/	Y	Y	Y	Y												

Transaction ID : F93.000001

Purpose of Disbursement (including title(s) of communication(s))
Placement of advertising

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	<table border="1"><tr><td>150000.00</td></tr></table>	150000.00
150000.00		
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<table border="1"><tr><td>150000.00</td></tr></table>	150000.00
150000.00		