

**Fax Cover Sheet to FEC**

**FORM 9 FILING**

**TO: 202-219-0174**

**PAGES: 4**

**DATE: 04/28/2010**

**From U.S. Chamber of Commerce - 202-463-5532**

**Amended to include Rob Engstrom's signature. Still with 24 hour window of distribution. Nothing has changed.**

10030320004

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

|   |                |  |
|---|----------------|--|
| (a) Name<br><u>U.S. Chamber of Commerce</u>   |                | 2. FEC Identification Number<br><u>C30001101</u> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br><u>1615 H Street N.W.</u> |                |  |
| (c) City, State and ZIP Code<br><u>Washington, DC 20062</u>   |                |  |
| (d) Name of Employer or Principal Place of Business   | (e) Occupation |  |

|  |   |
|--|---|
| 3. Is This Statement<br>New<br>or<br><input checked="" type="checkbox"/> Amended | 4. Covering Period<br><u>04 26 2010</u><br>through<br><u>04 27 2010</u> |
|--|---|

5. (a) Date of Public Distribution(s) 04 27 2010 (b) Communication Title "Depend"

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. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes  No

8. Custodian of Records

|  |   |
|--|---|
| (a) Name<br><u>Rob Engstrom</u>  |   |
| (b) Address (number and street)<br><u>1615 H Street NW</u>                             |   |
| (c) City, State and ZIP Code<br><u>Washington, DC 20062</u>                            |   |
| (d) Name of Employer or Principal Place of Business<br><u>U.S. Chamber of Commerce</u> | (e) Occupation<br><u>Vice President</u> |

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 300,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.  
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob Engstrom  
 SIGNATURE Rob Engstrom DATE 4/27/10

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

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List of Person(s) Sharing/Exercising Control  
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

|  |  |
|--|--|
| A. (a) Name<br><b>Rob Engstrom</b>   |  |
| (b) Address (number and street)<br><b>1615 H Street NW</b>                             |  |
| (c) City, State and ZIP Code<br><b>Washington DC 20062</b>                             |  |
| (d) Name of Employer or Principal Place of Business<br><b>U.S. Chamber of Commerce</b> | (e) Occupation<br><b>Vice President</b>        |
| B. (a) Name<br><b>Bill Miller</b>  |  |
| (b) Address (number and street)<br><b>1615 H Street NW</b>                             |  |
| (c) City, State and ZIP Code<br><b>Washington DC 20062</b>                             |  |
| (d) Name of Employer or Principal Place of Business<br><b>U.S. Chamber of Commerce</b> | (e) Occupation<br><b>Senior Vice President</b> |
| C. (a) Name  |  |
| (b) Address (number and street)  |  |
| (c) City, State and ZIP Code   |  |
| (d) Name of Employer or Principal Place of Business                                    | (e) Occupation                                 |
| D. (a) Name  |  |
| (b) Address (number and street)  |  |
| (c) City, State and ZIP Code   |  |
| (d) Name of Employer or Principal Place of Business                                    | (e) Occupation                                 |
| E. (a) Name  |  |
| (b) Address (number and street)  |  |
| (c) City, State and ZIP Code   |  |
| (d) Name of Employer or Principal Place of Business                                    | (e) Occupation                                 |

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SCHEDULE B-B

Disbursement(s) Made or Obligation(s)

|   |   |  |
|---|---|--|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br><u>Envision Communications</u>          |   | <b>Date of Disbursement or Obligation</b><br><u>04 26 2010</u>   |
| <b>Mailing Address of Payee</b><br><u>2715 M Street, NW</u>   |   | <b>Amount</b><br><u>300,000.00</u>   |
| <b>City</b><br><u>Washington</u>  | <b>State</b><br><u>DC</u>   | <b>Zip Code</b><br><u>20007</u>  |
| <b>Name of Employer</b><br>   |   | <b>Occupation</b><br>  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br><u>"Depend" - TV Spot</u>  |   |  |
| <b>Name of Federal Candidate</b><br><u>Blanche Lincoln</u>  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | <b>State:</b> <u>AR</u><br><b>District:</b> _____<br><b>Disbursement/Obligation For:</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) > |
| <b>Name of Federal Candidate</b><br>  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | <b>State:</b> _____<br><b>District:</b> _____<br><b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) >                |
| <b>Name of Federal Candidate</b><br>  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | <b>State:</b> _____<br><b>District:</b> _____<br><b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) >                |
| <b>B. Full Name (Last, First, Middle Initial) of Payee</b><br>  |   | <b>Date of Disbursement or Obligation</b><br>  |
| <b>Mailing Address of Payee</b><br>   |   | <b>Amount</b><br>  |
| <b>City</b><br>   | <b>State</b><br>  | <b>Zip Code</b><br>  |
| <b>Name of Employer</b><br>   |   | <b>Occupation</b><br>  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br>                           |   |  |
| <b>Name of Federal Candidate</b><br>  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | <b>State:</b> _____<br><b>District:</b> _____<br><b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) >                |
| <b>Name of Federal Candidate</b><br>  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | <b>State:</b> _____<br><b>District:</b> _____<br><b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) >                |
| <b>Name of Federal Candidate</b><br>  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | <b>State:</b> _____<br><b>District:</b> _____<br><b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) >                |
| <b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>                                     |   | <u>300,000.00</u>  |
| <b>TOTAL This Period (last page this line number only)</b><br>(carry total from last page to Line 10) |   | <u>300,000.00</u>  |

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**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

|  |                               |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt               |
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| Delivery Confirmation™ Label <input type="checkbox"/>                      |                               |
| <input type="checkbox"/> USPS Express Mail                                 | Postmarked                    |
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N/A  
 PREPARER

N/A  
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(5/2004)

10030320008