

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation US Chamber of Commerce		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1615 H Street NW		
(c) City, State and ZIP Code Washington DC 20062		3. FEC Identification Number <div> <div>C</div> <div>C90013145</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)		

6. TOTAL CONTRIBUTIONS.....	0.00
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7. TOTAL INDEPENDENT EXPENDITURES	312650.00
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02/21/2014

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee
Something Else Strategies

Date of Public Distribution/Dissemination

MM / DD / YYYY
02 / 19 / 2014

Mailing Address 112 Lantern Ridge Drive

Amount

300000.00

Transaction ID : 57487559

Purpose of Expenditure
TV and online advertisement "Caught Up" supporting Mitch McConnell, 2/19 - 3/1.Category/
Type 004Office Sought: ☐ House State: KY
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Mitch McConnellCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 312650.00Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Fabrizio, Lee & Associates, Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY
02 / 19 / 2014

Mailing Address 11 Castle Harbor Isle Drive

Amount

12650.00

Transaction ID : 57487650

Purpose of Expenditure
Survey research supporting Mitch McConnell, 2/19 - 3/1.Category/
Type 005Office Sought: ☐ House State: KY
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Mitch McConnellCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 312650.00Disbursement For: ☒ Primary ☐ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 312650.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 312650.00
(carry total from last page forward to Line 7)