

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation US Chamber of Commerce			3. FEC Identification Number <div><div>C</div><div>C90013145</div></div>
(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			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☐ 24-Hour Report
☐ October 15 Quarterly Report ☒ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 400000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Warren Powers

Warren Powers

02/06/2014

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

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 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
Revolution Agency

Date of Public Distribution/Dissemination

MM / DD / YYYY
02 / 04 / 2014

Mailing Address 1020 Princess Street

Amount

Amount
400000.00

Transaction ID : 57486611

Purpose of Expenditure
TV and online advertisement "Jolly" supporting David Jolly, 2/4 - 3/11.

Category/
Type 004

Office Sought: ☒ House State: FL
☐ Senate District: 13
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
David Jolly

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 400000.00

Disbursement For: ☐ Primary ☐ General
2014
☒ Other (specify) Special General

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

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

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 400000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures..... 400000.00
(carry total from last page forward to Line 7)