

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 C C90013145
(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.....
 7. TOTAL INDEPENDENT EXPENDITURES

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
Warren Powers	Warren Powers <i>[Electronically Filed]</i>	05/02/2014

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**

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 04 / 30 / 2014	
Mailing Address 1020 Princess Street		Amount 162500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 57495119
Purpose of Expenditure TV and Digital advertisement "Sullivan", 4/30 - 5/13.	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AK District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mark Begich		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 325000.00		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2014	
Mailing Address 1020 Princess Street		Amount 920000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 57495055
Purpose of Expenditure TV and Digital advertisement "Kingston Jobs" supporting Jack Kingston, 4/30 - 5/20.	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Jack Kingston		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 920000.00		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2014	
Mailing Address 1020 Princess Street		Amount 162500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 57495057
Purpose of Expenditure TV and Digital advertisement "Sullivan", 4/30 - 5/13.	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AK District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Dan Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 325000.00		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1245000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee Craft Media/Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2014	
Mailing Address 1600 K St. NW Suite 300		Amount 500000.00	
City Washington	State DC	Zip Code 20006	Transaction ID : 57495059
Purpose of Expenditure TV and Digital advertisement "Hub" supporting Terri Lynn Land, 4/30 - 5/13.	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Terri Lynn Land		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 500000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Craft Media/Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 30 / 2014	
Mailing Address 1600 K St. NW Suite 300		Amount 250000.00	
City Washington	State DC	Zip Code 20006	Transaction ID : 57495060
Purpose of Expenditure TV and Digital advertisement "Here in Montana" supporting Steve Daines, 4/30 - 5/27.	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Steven Daines		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 250000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	750000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	1995000.00