

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 Michigan Chamber of Commerce		3. FEC Identification Number C C90014945
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 600 S. Walnut		
(c) City, State and ZIP Code Lansing MI 48933		
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

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
07		01		2022

THROUGH

M M	/	D D	/	Y Y Y Y
09		30		2022

6. TOTAL CONTRIBUTIONS.....	4950.00
7. TOTAL INDEPENDENT EXPENDITURES	4950.00

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]

Holcomb, James, , ,

Holcomb, James, , ,

09/30/2022

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-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
Michigan Chamber of Commerce

A. Full Name (Last, First, Middle Initial) Michigan Chamber of Commerce			Date of Receipt MM / DD / YYYY 07 / 12 / 2022		
Mailing Address 600 S. Walnut			Transaction ID : F56.4112		
City	State	Zip Code	Amount of Each Receipt this Period		
Lansing	MI	48933	4950.00		
FEC ID number of contributing federal political committee.		C C90014945			
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C			
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C			
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt MM / DD / YYYY		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C			
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	4950.00
TOTAL This Period (last page carry total to Line 6)	4950.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Michigan Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee Majority Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2022	
Mailing Address PO Box 679219		Amount 4950.00	
City Dallas	State TX	Zip Code 75267	Transaction ID : F57.4109
Purpose of Expenditure Facebook ads	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: HOLLIER, ADAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4950.00		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) ▶	

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.....	▶	4950.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	4950.00