

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **AMERICAN CHEMISTRY COUNCIL INC**

(b) Address (number and street) check if different than previously reported
700 2ND STREET NE

(c) City, State and ZIP Code
WASHINGTON DC 20002

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30002430

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2016
through
M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2016

5. (a) Date of Public Distribution(s) M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2016 (b) Communication Title Together

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
Perelman, Dell, , ,

(b) Address (number and street)
700 2nd Street NE

(c) City, State and ZIP Code
Washington DC 20002

(d) Name of Employer or Principal Place of Business (e) Occupation
American Chemistry Council General Counsel & Corporate Secretary

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,332700.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Starmann, Allison, , ,

SIGNATURE Starmann, Allison, , , [Electronically Filed] DATE 10/07/2016

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

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name Dooley, Cal, , ,	Transaction ID : F91.000001
	(b) Address (number and street) 700 2nd Street NE	
	(c) City, State and ZIP Code Washington DC 20002	
	(d) Name of Employer or Principal Place of Business American Chemistry Council	(e) Occupation President/CEO
B.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Revolution Media Group			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2016		
Mailing Address of Payee 1020 Princess Street			Amount 332700.00		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2016		
Alexandria	VA	22314			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Broadcast and Cable Television Ad Buy: Together			Transaction ID : F93.000001		
Name of Federal Candidate		Office Sought:	House	State:	Disbursement/Obligation For:
Portman, Rob, , ,		<input type="checkbox"/>	Senate	OH	2016
		<input checked="" type="checkbox"/>	President	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/>			<input type="checkbox"/> Other (specify) ▶ _____
Transaction ID : F94.000002 Name of Federal Candidate Tiberi, Pat, , ,			Office Sought:	House	Disbursement/Obligation For:
		<input checked="" type="checkbox"/>	Senate	OH	2016
		<input type="checkbox"/>	President	District: 12	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/>			<input type="checkbox"/> Other (specify) ▶ _____
Transaction ID : F94.000003 Name of Federal Candidate			Office Sought:	House	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	State: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President	District: _____	<input type="checkbox"/> Other (specify) ▶ _____

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y		
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate		Office Sought:	House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		332700.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		332700.00