



FACSIMILE TRANSMITTAL

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From: **Kelly McCain**
US Chamber of Commerce

Tel: (202) 463-5532

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Date: **September 8, 2010**

Pages: **4 (including cover sheet)**

Comments:

Amended Form 9

10030423457

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

U.S. Chamber of Commerce

(b) Address (number and street) check if different than previously reported

1615 H Street NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

030061101

3. Is This Statement

New

or
 Amended

4. Covering Period

09 03 2010

through

09 08 2010

5. (a) Date of Public Distribution(s)

09 08 2010

(b) Communication Title

Washington Spending

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

Rob Engstrom

(b) Address (number and street)

1615 H Street NW

(c) City, State and ZIP Code

Washington DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

U.S. Chamber of Commerce

Vice President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

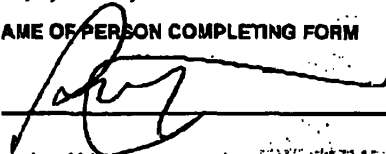
250,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rob Engstrom

SIGNATURE



DATE

9/8/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5497g.

FEC FORM 9 (REV. 12/2007)

10030423458

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

11. Person(s) Sharing/Exercising Control

A. (a) Name Rob Engstrom	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington, DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Vice President
B. (a) Name Bill Miller	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington, DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Senior Vice President
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

10030423459

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

10030423460

A. Full Name (Last, First, Middle Initial) of Payee Jamestown Associates		Date of Disbursement or Obligation 09 / 03 / 2010
Mailing Address of Payee 5 Mapleton Rd Ste 300		Amount 250,000.00
City Princeton	State NJ	Zip Code 08910
Name of Employer (blank)		Occupation (blank)
Purpose of Disbursement (including title(s) of communication(s)) "Washington Spending" - TV SPOT		
Name of Federal Candidate Brad Ellsworth	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee (blank)		Date of Disbursement or Obligation (blank)
Mailing Address of Payee (blank)		Amount (blank)
City (blank)	State (blank)	Zip Code (blank)
Name of Employer (blank)		Occupation (blank)
Purpose of Disbursement (including title(s) of communication(s)) (blank)		
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		(blank)
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		250,000.00

Federal Election Commission
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10030423461