**U.S. Chamber of Commerce**

1615 H Street, N.W.
Washington, D.C. 20062-2000

www.uschamber.com

## FACSIMILE TRANSMITTAL

Deliver to: FEC

Tel: (202) 694-1000
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From: Kelly McCain
US Chamber of Commerce
Tel: (202) 463-5532
Fax: (202) 887-3443

Date: September 7, 2010

Pages: 4 (including cover sheet)

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**Comments:**

**Form 9**

10030421468

# 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 N.W.

(c) City, State and ZIP Code
Washington, DC 20062

**2. FEC Identification Number** C30001101

(d) Name of Employer or Principal Place of Business

(e) Occupation

**3. Is This Statement** X New or Amended

**4. Covering Period** 09 08 2010 through 09 14 2010

**5.** (a) Date of Public Distribution(s) 09 07 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) X 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
U.S. Chamber of Commerce

(e) Occupation
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 [signature] DATE 9/7/10

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

FEC FORM 9 (REV. 12/2007)

10030421469

**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:

10030421470

**SCHEDULE 9-B**
**Disbursement(s) Made or Obligation(s)**



**A.** Full Name (Last, First, Middle Initial) of Payee: Jamestown Associates

Mailing Address of Payee: 5 Mapleton Rd Ste 300

City: Princeton State: NJ Zip Code: 08540

Name of Employer: Occupation:

Date of Disbursement or Obligation: 09 / 03 / 2010

Amount: 250,000.00

Communication Date: 09 / 08 / 2010

Purpose of Disbursement (including title(s) of communication(s)): "Washington Spending" - TV Spot

Name of Federal Candidate: Brad Ellsworth

Office Sought: [x] House [x] Senate [ ] President

State: IN District:

Disbursement/Obligation For: [ ] Primary [x] General [ ] Other (specify) ▶

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

**B.** Full Name (Last, First, Middle Initial) of Payee:

Mailing Address of Payee:

City: State: Zip Code:

Name of Employer: Occupation:

Date of Disbursement or Obligation: MM / DD / YYYY

Amount:

Communication Date: MM / DD / YYYY

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District:

Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 250,000.00
(carry total from last page to Line 10)

10030421471

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
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| ☑ Other (Specify): E-Mail | Date of Receipt or Postmarked 9/8/10 |
| JMP<br>PREPARER | 9/8/10<br>DATE PREPARED |

(3/2005)

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