



FACSIMILE TRANSMITTAL

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From: **Kelly McCain**
US Chamber of Commerce
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Date: **October 5, 2010**

Pages: **10 (including cover sheet)**

Comments:

FEC Form 9 filing for the U.S. Chamber of Commerce

10030433572

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Filer: 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
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number

C30001101

3. Is This Statement New or Amended

4. Covering Period

09 29 2010
through
10 05 2010

5. (a) Date of Public Distribution(s) 10 05 2010 (b) Communication Title Foul

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 U.S. Chamber of Commerce (e) Occupation Vice President

9. Total Donations This Statement

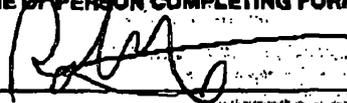
10. Total Disbursements/Obligations This Statement ,100,000.00

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

10/5/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5457g.

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Rob Engstrom	(e) Occupation	
	(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		
				Vice President
B.	(a) Name	Bill Miller	(e) Occupation	
	(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		
				Senior Vice President
C.	(a) Name		(e) Occupation	
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			
D.	(a) Name		(e) Occupation	
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			
E.	(a) Name		(e) Occupation	
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business			

1003043374

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee <u>Revolution Media Group</u></p> <p>Mailing Address of Payee <u>1090 Vermont Ave. NW Ste 230</u></p> <p>City <u>Washington, DC</u> State <u>DC</u> Zip Code <u>20005</u></p> <p>Name of Employer _____ Occupation _____</p>	<p>Date of Disbursement or Obligation <u>09 29 2010</u></p> <p>Amount <u>100,000.00</u></p> <p>Communication Date <u>10 05 2010</u></p>
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Purpose of Disbursement (Including title(s) of communication(s))

"Foul" Radio Spot

<p>Name of Federal Candidate <u>Dan Seals</u></p>	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>State: <u>IL</u> District: <u>10</u></p>	<p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____</p>
<p>Name of Federal Candidate</p>	<p>Office Sought:</p>	<p>State: _____ District: _____</p>	<p>Disbursement/Obligation For:</p>
<p>Name of Federal Candidate</p>	<p>Office Sought:</p>	<p>State: _____ District: _____</p>	<p>Disbursement/Obligation For:</p>

<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p>	<p>Date of Disbursement or Obligation</p> <p>Amount</p> <p>Communication Date</p>
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Purpose of Disbursement (Including title(s) of communication(s))

<p>Name of Federal Candidate</p>	<p>Office Sought:</p>	<p>State: _____ District: _____</p>	<p>Disbursement/Obligation For:</p>
<p>Name of Federal Candidate</p>	<p>Office Sought:</p>	<p>State: _____ District: _____</p>	<p>Disbursement/Obligation For:</p>
<p>Name of Federal Candidate</p>	<p>Office Sought:</p>	<p>State: _____ District: _____</p>	<p>Disbursement/Obligation For:</p>

<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p>	<p>_____</p>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	<p><u>100,000.00</u></p>

10030433575

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.

10030433576

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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