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 New or X Amended

4. Covering Period 09 29 2010 through 10 05 2010

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

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

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. §437g.

FEC FORM 9 (REV. 12/2007)

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