

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation US Chamber of Commerce		3. FEC Identification Number C C90013145
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1615 H Street NW		
(c) City, State and ZIP Code Washington DC 20062		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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5. COVERING PERIOD:

FROM

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	3199750.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Majlak, Abby, , ,

Majlak, Abby, , ,

10/21/2016

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee Revolution Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1020 Princess Street		Amount 624500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 57633643
Purpose of Expenditure Media opposing Evan Bayh, 10/20/16 - 11/8/16.	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bayh, Evan, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2749450.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Revolution Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 1020 Princess Street		Amount 624500.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 57633643
Purpose of Expenditure Media supporting Todd Young, 10/20/16 - 11/8/16.	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Young, Todd, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2749450.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Red Edge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 2300 Clarendon Blvd#901		Amount 150.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : 57633645
Purpose of Expenditure Website Development	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Young, Todd, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2749450.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1249150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee Red Edge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2016	
Mailing Address 2300 Clarendon Blvd#901		Amount 150.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : 57633646
Purpose of Expenditure Website Development	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bayh, Evan, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2749450.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee R Street Films		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 1626 Belle View Blvd. Suite 7496		Amount 475000.00	
City Alexandria	State VA	Zip Code 22307	Transaction ID : 57633662
Purpose of Expenditure Media opposing Maggie Hassan, 10/21 - 10/29.	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hassan, Maggie, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 950300.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee R Street Films		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 1626 Belle View Blvd. Suite 7496		Amount 475000.00	
City Alexandria	State VA	Zip Code 22307	Transaction ID : 57633662
Purpose of Expenditure Media supporting Kelly Ayotte, 10/21 - 10/29.	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Ayotte, Kelly, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 950300.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	950150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee Red Edge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 2300 Clarendon Blvd#901		Amount 150.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : 57633663
Purpose of Expenditure Website Development	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Ayotte, Kelly, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 950300.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Red Edge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 2300 Clarendon Blvd#901		Amount 150.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : 57633664
Purpose of Expenditure Website Development	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hassan, Maggie, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 950300.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Something Else Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 212 Golden Willow Ct.		Amount 1000000.00	
City Easley	State SC	Zip Code 29642	Transaction ID : 57633758
Purpose of Expenditure Media Opposing Jason Kander, 10/21 - 11/8.	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kander, Jason, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1000150.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1000300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee Red Edge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2016	
Mailing Address 2300 Clarendon Blvd#901		Amount 150.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : 57633759
Purpose of Expenditure Website Development	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kander, Jason, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1000150.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	3199750.00