

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **AMERICAN CHEMISTRY COUNCIL INC**

(b) Address (number and street)  check if different than previously reported  
700 2ND STREET NE

(c) City, State and ZIP Code  
WASHINGTON DC 20002

(d) Name of Employer or Principal Place of Business (e) Occupation

### 2. FEC Identification Number

C C30002430

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

MM / DD / YYYY  
07 / 15 / 2016  
through  
MM / DD / YYYY  
07 / 19 / 2016

5. (a) Date of Public Distribution(s) MM / DD / YYYY 07 / 19 / 2016 (b) Communication Title Support for Sen. Jerry Moran (R-KS) and

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  
Dell Perelman

(b) Address (number and street)  
700 2nd Street NE

(c) City, State and ZIP Code  
Washington DC 20002

(d) Name of Employer or Principal Place of Business (e) Occupation  
American Chemistry Council General Counsel & Corporate Secretary

### 9. Total Donations This Statement

\_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_.00

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_,\_\_\_\_\_,133447.50

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Allison Starmann

SIGNATURE Allison Starmann [Electronically Filed] DATE 07/20/2016

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

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

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Cal Dooley	<b>Transaction ID : F91.000001</b>
	(b) Address (number and street) 700 2nd Street NE	
	(c) City, State and ZIP Code Washington DC 20002	
	(d) Name of Employer or Principal Place of Business American Chemistry Council	(e) Occupation President/CEO
<b>B.</b>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>C.</b>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>D.</b>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>E.</b>	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Revolution Media Group</b>			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y Y Y 07 / 15 / 2016		
Mailing Address of Payee 1020 Princess Street			<b>Amount</b> 133447.50		
City	State	Zip Code	<b>Communication Date</b> M M / D D / Y Y Y Y Y Y 07 / 19 / 2016		
Alexandria	VA	22314			
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) Broadcast&Cable Television Ad Buy:Support for Sen. Jerry Moran (R-KS) and Rep. Mike Pompeo (R-KS-04)			<b>Transaction ID : F93.000001</b>		
Name of Federal Candidate Jerry Moran		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>KS</u> District: _____	Disbursement/Obligation For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000002</b>					
Name of Federal Candidate Allison Pompeo		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>KS</u> District: <u>04</u>	Disbursement/Obligation For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>Transaction ID : F94.000003</b>					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>			<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y Y Y		
Mailing Address of Payee			<b>Amount</b>		
City	State	Zip Code	<b>Communication Date</b> M M / D D / Y Y Y Y Y Y		
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶			133447.50		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)			133447.50		