

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

(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 08 25 2010 through 09 07 2010

5. (a) Date of Public Distribution(s) 08 25 2010 (b) Communication Title "Hodes' Motto"

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 0.00

10. Total Disbursements/Obligations This Statement 997,095.00

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 8/25/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5497g.

10030413591

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

PAGE 2 OF 3

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

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

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group			Date of Disbursement or Obligation 08 / 24 / 2010		
Mailing Address of Payee 814 King Street Ste 400			Amount 997,095.00		
City Alexandria	State VA	Zip Code 22314	Communication Date 08 / 25 / 2010		
Name of Employer "Hodes' Motto" - TV Spot			Purpose of Disbursement (Including title(s) of communication(s)) 		
Name of Federal Candidate Kelly Ayotte	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH	Disbursement/Obligation For: <input checked="" 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: 	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: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
B. Full Name (Last, First, Middle Initial) of Payee 			Date of Disbursement or Obligation 		
Mailing Address of Payee 			Amount 		
City 	State 	Zip Code 	Communication Date 		
Name of Employer 			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: 	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: 	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: 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
SUBTOTAL of Disbursements/Obligations This Page (optional)			 		
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)			997,095.00		

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<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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N/A
 PREPARER

N/A
 DATE PREPARED

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