

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 / /

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 100150.00

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 |
| Abby Majlak | Abby Majlak | 07/01/2015 |

[Electronically Filed]

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 Agency | | Date of Public Distribution/Dissemination 06 / 30 / 2015 | |
| Mailing Address 1020 Princess Street | | Amount 100000.00 | |
| City Alexandria | State VA | Zip Code 22314 | Transaction ID : 57577246 |
| Purpose of Expenditure TV and Digital Advertisement "Dependable Conservative" supporting Darin LaHood 6/30 - 7/7. | | Category/Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Darin LaHood | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 100150.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special | |

| | | | |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) of Payee Integrated Web Strategies | | Date of Public Distribution/Dissemination 06 / 30 / 2015 | |
| Mailing Address 5330 N. 12th St. | | Amount 150.00 | |
| City Phoenix | State AZ | Zip Code 85014 | Transaction ID : 57577247 |
| Purpose of Expenditure Website development - www.friendsoftheuschamber.com | | Category/Type 004 | Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President |
| Name of Federal Candidate Supported or Opposed by Expenditure: Darin LaHood | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 100150.00 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special | |

| | | | |
|--|-------|--|---|
| 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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| 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) <input type="checkbox"/> | |

| | |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 100150.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | 100150.00 |