

**FAX COVER SHEET TO FEC**

**FORM 9 FILING**

**TO: 202-219-0174**

**PAGES: 4**

**DATE: 04/23/2010**

**From U.S. Chamber of Commerce - 202-463-5532**

10030312690

# 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, NW

(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 04' 22' 2010  
through  
04' 23' 2010

5. (a) Date of Public Distribution(s) 04' 23' 2010 (b) Communication Title 'Fix It'

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

(e) Occupation

U.S. Chamber of Commerce 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

[Signature]

DATE

4/23/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 9457g.

16921505001

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

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

10030312692

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

A. Full Name (Last, First, Middle Initial) of Payee <b>Craft Media</b>		Date of Disbursement or Obligation <b>04-22-2010</b>
Mailing Address of Payee <b>11 D Street Carriage House SE</b>		Amount <b>100,000.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
Name of Employer	Occupation	Communication Date <b>04-23-2010</b>

Purpose of Disbursement (including title(s) of communication(s)) **"Fix It"**

Name of Federal Candidate <b>Tim Burns</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>PA</b> District: <b>12</b>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special</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) _____
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. Full Name (Last, First, Middle Initial) of Payee		Date of Disbursement or Obligation
Mailing Address of Payee		Amount
City	State	Zip Code
Name of Employer	Occupation	Communication Date

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) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) .....	<b>100,000.00</b>
TOTAL This Period (last page this line number only) .....	<b>100,000.00</b>
(carry total from last page to Line 10)	

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

The FEC added this page to the end of this filing to indicate how it was received.

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