

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 |
|-----|---|-----|---|-------------|

5. COVERING PERIOD:

FROM

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

THROUGH

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

6. TOTAL CONTRIBUTIONS.....

| |
|------|
| 0.00 |
|------|

7. TOTAL INDEPENDENT EXPENDITURES

| |
|-----------|
| 640489.21 |
|-----------|

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]

Abby Majlak

Abby Majlak

10/30/2014

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 EXPENDITURESPAGE 2 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee
Revolution Agency

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 29 / 2014

Mailing Address 1020 Princess Street

Amount

150000.00

Transaction ID : 57538560

Purpose of Expenditure
TV and Digital Advertisement "Tested" supporting Pat Roberts,
10/29 - 11/4.Category/
Type 004Office Sought: ☐ House State: KS
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Pat RobertsCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 751128.57Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Revolution Agency

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 29 / 2014

Mailing Address 1020 Princess Street

Amount

481050.50

Transaction ID : 57538561

Purpose of Expenditure
TV and Digital Advertisement "Vote for Scott Brown" TV 15,
10/29 - 11/4.Category/
Type 004Office Sought: ☐ House State: NH
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Scott BrownCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 2635175.67Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Integrated Web Strategies

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 29 / 2014

Mailing Address 5330 N. 12th St.

Amount

244.26

Transaction ID : 57538562

Purpose of Expenditure
Email expenditure supporting Pat Roberts 10/29/14.Category/
Type 004Office Sought: ☐ House State: KS
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Pat RobertsCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 751128.57Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 631294.76

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee

Integrated Web Strategies

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 29 / 2014

Mailing Address 5330 N. 12th St.

Amount

627.73

Transaction ID : 57538567

Purpose of Expenditure
Email expenditure supporting Scott Brown 10/29/14.Category/
Type 004Office Sought: ☐ House State: NH
☒ Senate District: _____
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Scott BrownCalendar Year-To-Date Per Election
for Office Sought 2635175.67Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Integrated Web Strategies

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 29 / 2014

Mailing Address 5330 N. 12th St.

Amount

3847.37

Transaction ID : 57538568

Purpose of Expenditure
Email expenditure supporting Thom Tillis 10/29/14.Category/
Type 004Office Sought: ☐ House State: NC
☒ Senate District: _____
☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Thom TillisCalendar Year-To-Date Per Election
for Office Sought 4387144.23Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Integrated Web Strategies

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 29 / 2014

Mailing Address 5330 N. 12th St.

Amount

244.25

Transaction ID : 57538569

Purpose of Expenditure
Email expenditure opposing Greg Orman 10/29/14.Category/
Type 004Office Sought: ☐ House State: KS
☒ Senate District: _____
☐ PresidentCheck One: ☐ Support ☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Gregory OrmanCalendar Year-To-Date Per Election
for Office Sought 751128.57Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 4719.35

(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**

PAGE 4 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

US Chamber of Commerce

Full Name (Last, First, Middle Initial) of Payee
Integrated Web Strategies

Date of Public Distribution/Dissemination

10 / 29 / 2014

Mailing Address 5330 N. 12th St.

Amount

City State Zip Code
Phoenix AZ 85014

627.73

Transaction ID : 57538570

Purpose of Expenditure
Email expenditure opposing Jeanne Shaheen 10/29/14.

Category/
Type 004

Office Sought: ☐ House State: NH
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Jeanne Shaheen

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2635175.67

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Integrated Web Strategies

Date of Public Distribution/Dissemination

10 / 29 / 2014

Mailing Address 5330 N. 12th St.

Amount

City State Zip Code
Phoenix AZ 85014

3847.37

Transaction ID : 57538571

Purpose of Expenditure
Email expenditure opposing Kay Hagan 10/29/14.

Category/
Type 004

Office Sought: ☐ House State: NC
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
Kay Hagan

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 4387144.23

Disbursement For: ☐ Primary ☒ General
2014
☐ 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: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 4475.10

(b) **SUBTOTAL** of Unitemized Independent Expenditures▶

(c) **TOTAL** Independent Expenditures.....▶ 640489.21
(carry total from last page forward to Line 7)