FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTRONEERING 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

2. FEC Identification Number C30001101

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement New or X Amended

4. Covering Period 10 15 2010 through 10 18 2010

5. (a) Date of Public Distribution(s)

(b) Communication Title Out of Touch

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) X 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 106,07014

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 _____ DATE 10/20/10

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

FEC FORM 9 (REV. 12/2007)

10030464732

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:

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

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

Mailing Address of Payee: 1090 Vermont Ave NW Ste 1230

City / State / Zip Code: Washington DC 20005

Name of Employer / Occupation:

Date of Disbursement or Obligation: 10 15 2010

Amount: 106.07014

Communication Date: 10 18 2010

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: Joe Garcia
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 25
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

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

Mailing Address of Payee

City / State / Zip Code

Name of Employer / Occupation

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Amount

Communication Date: M M / D D / Y Y Y Y

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 106070.14
(carry total from last page to Line 10)

10030464734

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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