

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 700300.00

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	<i>Abby Majlak</i>	07/23/2015

[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 Something Else Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2015	
Mailing Address 212 Golden Willow Ct.		Amount 300000.00	
City Easley	State SC	Zip Code 29642	Transaction ID : 57578616
Purpose of Expenditure TV advertisement "Delivered" supporting John McCain, 7/21 - 7/30.		Category/Type 004	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John McCain		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 350150.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Revolution Agency		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2015	
Mailing Address 1020 Princess Street		Amount 350000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 57578617
Purpose of Expenditure TV and Digital Advertisement "Fighter" supporting Kelly Ayotte, 7/22 - 7/31.		Category/Type 004	Office Sought: <input type="checkbox"/> House State: NH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly Ayotte		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 350150.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Go Big Media, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2015	
Mailing Address 718 7th Street NW, 2nd Floor		Amount 50000.00	
City Washington	State DC	Zip Code 20001	Transaction ID : 57578618
Purpose of Expenditure Digital advertisement "Delivered" supporting John McCain, 7/22 - 8/1.		Category/Type 004	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John McCain		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 350150.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	700000.00
(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**

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 MM / DD / YYYY 07 / 21 / 2015	
Mailing Address 5330 N. 12th St.		Amount 150.00	
City Phoenix	State AZ	Zip Code 85014	Transaction ID : 57578619
Purpose of Expenditure Website development - www.friendsoftheuschamber.com	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: John McCain		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 350150.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Integrated Web Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2015	
Mailing Address 5330 N. 12th St.		Amount 150.00	
City Phoenix	State AZ	Zip Code 85014	Transaction ID : 57578620
Purpose of Expenditure Website development - www.friendsoftheuschamber.com	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly Ayotte		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 350150.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
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) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	700300.00