## FEC FORM 5

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED** 

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street)	1. (a) Name of Individual, Organization or Corporation US Chamber of Commerce			
Washington       DC       20062       S. FED definition NUMBER         2. Occupation and Name of Employer (for Individual Filers Only)       C       600013145         4. TYPE OF REPORT (check appropriate boxes):       (a)       April 15 Quarterly Report       24-Hour Report         (a)       April 15 Quarterly Report       24-Hour Report       C       C         (b)       User End Beport       X 48-Hour Report       C       C         (c)       January 31 Vaar-End Report       X 48-Hour Report       C       C         (c)       Is this Report an amendment?       No       Yes, it amends the report filed on       C       C         (c)       COVERING PERIOD:       FROM       C       C       C       C       C         (c)       THROUGH       C		viously reported		
Washington       DC       20062       S. FED definition NUMBER         2. Occupation and Name of Employer (for Individual Filers Only)       C       600013145         4. TYPE OF REPORT (check appropriate boxes):       (a)       April 15 Quarterly Report       24-Hour Report         (a)       April 15 Quarterly Report       24-Hour Report       C       C         (b)       User End Beport       X 48-Hour Report       C       C         (c)       January 31 Vaar-End Report       X 48-Hour Report       C       C         (c)       Is this Report an amendment?       No       Yes, it amends the report filed on       C       C         (c)       COVERING PERIOD:       FROM       C       C       C       C       C         (c)       THROUGH       C	(c) City, State and ZIP Code			
2. Cucopation and Haine of Employer (of incortograf boxes):     (a) April 15 Quarterly Report     July 15 Quarterly Report     Quarterly Report     Quarterly Report     Quarterly Report     Quarterly Report     July 15 Quarterly Report		3. FEC Identification Number		
2. Cucopation and Haine of Employer (of incortograf boxes):     (a) April 15 Quarterly Report     July 15 Quarterly Report     Quarterly Report     Quarterly Report     Quarterly Report     Quarterly Report     July 15 Quarterly Report		<b>.</b>		
(a)       April 15 Quarterly Report       24-Hour Report         (a)       Using 15 Quarterly Report       24-Hour Report         (b)       Cotober 15 Quarterly Report       48-Hour Report         (c)       January 31 Year-End Report       48-Hour Report filed on () () () () () () () () () () () () ()	2. Occupation and Name of Employer (for Individual Filers Only)			
Cotaber 15 Quarterly Report Contract of the provided of the p				
Cotober 15 Quarterly Report X 48-Hour Report January 31 Year-End Report Is this Report an amendment? No Yes, it amends the report filed on Yes, it amends the report of the r	July 15 Quarterly Report	24-Hour Report		
I danuary 31 Year-End Report () Is this Report an amendment? No Ves, it amends the report filed on No () () () () () () () () () () () () ()		X 48-Hour Beport		
5. COVERING PERIOD:       FROM				
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       07/23/2015	5. COVERING PERIOD: FROM			
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       07/23/2015				
Abby Majlak       [Electronically Filed]         Abby Majlak       07/23/2015			nsultation, or concert with, or at the request or suggestion	
07/23/2015	TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE		
	Abby Majlak	Abby Majlak	07/23/2015	
	NOTE: Submission of false, arrangeus or incomplete information	may subject the person signing this		

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

US Chamber of Commerce							
Full Name (Last, First, Middle Initial) of I	Payee				Date of Pu	ublic Distribution/	Dissemination
Something Else Strategies							<b>Y Y Y Y Y</b>
Mailing Address 212 Golden Willow Ct.					07	21	2015
					Amount		
City	State	Zip Cod	е				300000.00
Easley	SC	29642			Transact	ion ID : 5757861	
Purpose of Expenditure TV advertisement "Delivered" supporting 7/30.	John McCain, 7/21 -	Category/ Type	004	Office	Sought:	House X Senate	State: AZ
Name of Federal Candidate Supported of John McCain	r Opposed by Expend	iture:		Check	c One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sough		, 35	0150.00	Disbur	rsement Fo 2016 Other	or: Primary (specify)	General
Full Name (Last, First, Middle Initial) of	Payee				Date of P	ublic Distribution/	Dissemination
Revolution Agency					M - M	/ <b>D</b> - <b>D</b> /	YYYYYY
Mailing Address 1020 Princess Street					07	22	2015
					Amount		
City	State	Zip Cod	е				
Alexandria	VA	22314			<b>T</b>		350000.00
Purpose of Expenditure TV and Digital Advertisement "Fighter" su 7/22 - 7/31.		Category/ Type	004	Office	Sought:	House Senate	State: NH
Name of Federal Candidate Supported of Kelly Ayotte	or Opposed by Expend	iture:		Checł	k One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		35	0150.00	Disbur	rsement Fo 201 Other	or: Primary 6 (specify)	General
Full Name (Last, First, Middle Initial) of	Payee				Date of P	ublic Distribution/	Dissemination
Go Big Media, Inc. Mailing Address 740 746 Street NW/ 20					07	/ D D / 22	2015
718 7th Street NW, 2n	d Floor				Amount		
City	State	Zip Cod	е				50000.00
Washington	DC	20001			Transact	ion ID : 5757861	50000.00
Purpose of Expenditure		Category/	_	Office	Sought:	House	State: AZ
Digital advertisement "Delivered" support	<b>.</b>	Туре	004		Ū	X Senate	District:
Name of Federal Candidate Supported of John McCain	or Opposed by Expend	iture:		Check	One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		35	0150.00	Disbur	2016	or: Primary (specify)	General
(a) SUBTOTAL of Itemized Independent	Expenditures			••••		, , , ,	700000.00
(b) SUBTOTAL of Unitemized Independe	nt Expenditures			••••		, , , , , , , , ,	
(c) TOTAL Independent Expenditures (carry total from last page forward)				···· ►		, , ,	

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full) US Chamber of Commerce

PAGE		3	OF	3	
FOR	LINE	7 O	F FO	RM 5	

Full Name (Last, First, Middle Initial) of Payee				Date of	Date of Public Distribution/Dissemination			
Integrated Web Strategies				O		21 <sup>1</sup>	2015	
Mailing Address 5330 N. 12th St.				Amount				
City	State	Zip Code	)				150.00	
Phoenix	AZ	85014		Transa	ction I	D : 5757861		
Purpose of Expenditure Website development - www.friendsoftheus	schamber.com	Category/ Type	004	Office Sought		House	State: AZ	
· · · · · · · · · · · · · · · · · · ·					X	Senate President	District:	
Name of Federal Candidate Supported or John McCain	Opposed by Expendi	ture:		Check One:	X	Support	Oppose	
Calendar Year-To-Date Per Election for Office Sought		, 350	150.00	Disbursement For: Primary General 2016 Other (specify)				
Full Name (Last, First, Middle Initial) of Pa	ayee			Date of	Public	Distribution	/Dissemination	
Integrated Web Strategies				M	_	D D / 22	2015	
Mailing Address 5330 N. 12th St.					<b>'</b>	22	2013	
				Amount				
City	State Zip Code						150.00	
Phoenix	AZ	85014		I		D : 5757862		
Purpose of Expenditure Website development - www.friendsoftheu	schamber.com	Category/ Type	004	Office Sought	: X	House Senate	State: NH	
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly Ayotte			Check One:	X	President Support	Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: 2016 Primary General Other (specify) ►					
Full Name (Last, First, Middle Initial) of Pa	ayee			Date of Public Distribution/Dissemination				
				м	M /	D D /	Y Y Y Y Y	
Mailing Address								
0.1	01-1-	7		Amount	_			
City	State	Zip Code	)		,			
Purpose of Expenditure		Category/ Type		Office Sought		House Senate	State:	
Name of Federal Candidate Supported or Opposed by Expenditure:					President	District:		
			Check One:		Support	Oppose		
Calendar Year-To-Date Per Election			Disbursement	For:	Primary	General		
for Office Sought			Othe	er (spe	ecify) ▶			
(a) SUBTOTAL of Itemized Independent E	xpenditures			••••	,		300.00	
(b) SUBTOTAL of Uniternized Independent	Expenditures			••••	7			
(c) TOTAL Independent Expenditures				···· •	3		700300.00	

FEC Schedule 5 (REV. 09/2013)