

Fax Cover Sheet to FEC

FORM 9 FILING

TO: 202-219-0174

PAGES: 4

DATE: 07/30/2010

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

10030394881

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 N.W.
(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 08 02 2010 through 08 10 2010

5. (a) Date of Public Distribution(s) 08 02 2010 (b) Communication Title "Rock Ribbed Conservative"

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

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 250,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

Rob Engstrom

DATE

7/29/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g.

FEC FORM 9 (REV. 12/2007)

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

PAGE 2 OF

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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <u>Revolution Agency</u>				Date of Disbursement or Obligation 07/30/2010	
Mailing Address of Payee <u>1090 Vermont Ave NW Ste 1230</u>				Amount 250,000.00	
City <u>Washington DC</u>		State <u>DC</u>		Zip Code <u>20005</u>	
Name of Employer <u>Revolution Agency</u>		Occupation <u></u>		Communication Date 08/02/2010	
Purpose of Disbursement (Including title(s) of communication(s)) <u>"Rock Ribbed Conservative" - TV Spot</u>					
Name of Federal Candidate <u>Jane Norton</u>		Office Sought: ☐ House ☒ Senate ☐ President		State: <u>CO</u> District: <u></u>	
				Disbursement/Obligation For: ☒ Primary ☐ General ☐ Other (specify) <u></u>	
Name of Federal Candidate <u></u>		Office Sought: ☐ House ☐ Senate ☐ President		State: <u></u> District: <u></u>	
				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) <u></u>	
Name of Federal Candidate <u></u>		Office Sought: ☐ House ☐ Senate ☐ President		State: <u></u> District: <u></u>	
				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) <u></u>	

B. Full Name (Last, First, Middle Initial) of Payee <u></u>				Date of Disbursement or Obligation 	
Mailing Address of Payee <u></u>				Amount 	
City <u></u>		State <u></u>		Zip Code <u></u>	
Name of Employer <u></u>		Occupation <u></u>		Communication Date 	
Purpose of Disbursement (Including title(s) of communication(s)) <u></u>					
Name of Federal Candidate <u></u>		Office Sought: ☐ House ☐ Senate ☐ President		State: <u></u> District: <u></u>	
				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) <u></u>	
Name of Federal Candidate <u></u>		Office Sought: ☐ House ☐ Senate ☐ President		State: <u></u> District: <u></u>	
				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) <u></u>	
Name of Federal Candidate <u></u>		Office Sought: ☐ House ☐ Senate ☐ President		State: <u></u> District: <u></u>	
				Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) <u></u>	

SUBTOTAL of Disbursements/Obligations This Page (optional)		
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		250,000.00

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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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N/A
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(5/2004)

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