



"Wilson, Justin" <JWilson@USChamber.com> on 01/12/2010 09:48:31 AM

To: "2022190174@fcc.gov" <2022190174@fec.gov>
cc:

Subject: FEC 9 Form for File

See attached. Can you confirm you have received? Thanks.

JUSTIN H. WILSON
Political Affairs & Federation Relations
U.S. Chamber of Commerce
1615 H Street, N.W.
Washington, D.C. 20062

Office: 202-463-5532
Fax: 202-887-3443
jwilson@uschamber.com



fec9ma.PDF

10030211917

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

030001101

3. Is This Statement

☒ New
or
☐ Amended

4. Covering Period

01 11 2010
through
01 12 2010

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

01 12 2010

(b) Communication Title

"A New Plan '30" + "A New Plan '60"

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

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

501,000.00

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

[Signature]

DATE

1/11/10

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

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

PAGE 2 OF 3

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

10030211919

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **3** OF **3**

A. Full Name (Last, First, Middle Initial) of Payee <u>Craft Media / Digital</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">61' 11' 2010</div>	
Mailing Address of Payee <u>11 D Street Carriage House</u>				Amount <div style="border: 1px solid black; padding: 2px;">.442.000.00</div>	
City <u>Washington</u>		State <u>DC</u>		Zip Code <u>20003</u>	
Name of Employer 		Occupation 		Communication Date <div style="border: 1px solid black; padding: 2px;">01' 12' 2010</div>	
Purpose of Disbursement (including title(s) of communication(s)) <u>"A New Plan: 30" - TV Spot</u>					
Name of Federal Candidate <u>Scott Brown</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>MA</u> District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
B. Full Name (Last, First, Middle Initial) of Payee <u>Craft Media / Digital</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">01' 11' 2010</div>	
Mailing Address of Payee <u>11 D Street Carriage House</u>				Amount <div style="border: 1px solid black; padding: 2px;">.59.000.00</div>	
City <u>Washington</u>		State <u>DC</u>		Zip Code <u>20003</u>	
Name of Employer 		Occupation 		Communication Date <div style="border: 1px solid black; padding: 2px;">01' 12' 2010</div>	
Purpose of Disbursement (including title(s) of communication(s)) <u>"A New Plan: 60" - Radio Spot</u>					
Name of Federal Candidate <u>Scott Brown</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>MA</u> District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
SUBTOTAL of Disbursements/Obligations This Page (optional)				<div style="border: 1px solid black; padding: 2px;">501.000.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

10030211920

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>1/12/10</i>

[Signature]
PREPARER
(3/2005)

1/12/10
DATE PREPARED

10030211921