

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1 of 3

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

09 / 03 / 2010

through

09 / 08 / 2010

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

09 / 03 / 2010

(b) Communication Title

Lockstep

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

10. Total Disbursements/Obligations This Statement

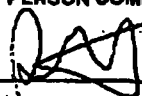
, 203,176.00

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



DATE

September 3, 2010

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)

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	(e) Occupation		
		U.S. Chamber of Commerce Vice President		
B.	(a) Name	Bill Miller		
	(b) Address (number and street)	1615 H Street		
	(c) City, State and ZIP Code	Washington D.C. 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		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>Craft</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">09 / 03 / 2010</div>	
Mailing Address of Payee <u>11 D St, SE</u>				Amount <div style="border: 1px solid black; padding: 2px;">203,176.00</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;">09 / 03 / 2010</div>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>TV ad, Lockstep</u>					
Name of Federal Candidate <u>Joe Sestak</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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		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		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 					
Mailing Address of Payee 					
City 		State 		Zip Code 	
Name of Employer 		Occupation 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"></div>	
Purpose of Disbursement (Including title(s) of communication(s)) 					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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		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		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

Federal Election Commission
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<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
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PREPARER

N/A
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(5/2004)

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