**FEC FORM 9** 

1 of 3

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

| 1.          | Person Making the Disbursements/Obilgations  |  |
|-------------|--|--|
|             | (a) Nama   |  |
|             | U.S. Chamber of Commerce   |  |
|             | (b) Address (number and street) Check if different than previously reported  1615 14: Street N. W.   | 2. FEC identification Number   |
|             | (c) City, State and ZIP Code   | C3 0001101   |
|             | Wasinton OC 200 62   | The state of the s |
|             | (d) Name of Employer or Principal Place of Business (e) Occupati   | lon .  |
|             | New O  | 9 6 3 20 10  |
| 3.          | le This Statement or 4. Covering Period  | through  |
|             | Amended  | 1 2010   |
| 5.          | (a) Date of Public Distribution(e) 0 9 0 3 201 0 (b) Communication   | Title Record   |
| <b>6.</b> ' | The filer is a(n): (a) individual (b) Unincorporated Organization (c) Qualified  | d Nonprofit Corporation (11 CFR 114.10)  |
|             | (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making comm   | nunications under 11 CFR 114.15  |
|             | (e) Other, specify:  |  |
|             | (A) Land of the la |  |
| 7.          | If the filer is an individual, unincorporated organization or qualified nonprofit<br>were the disbursements made exclusively from donations to a segregated b  | t corporation, Yes No No   |
| 8.          | Custodian of Records   |  |
|             | (a) Name  Rob Englishm   |  |
|             | (b) Address (number and sheet)   |  |
|             | 1615 H. Street NW  |  |
|             | (c) City, State and ZIP Code   |  |
|             | (d) Name of Employer or Principal Place of Eucliness (e) Occupation  | ilan   |
|             |  | Vice Prasident   |
|             | Company of the Compan |  |
| 9.          | Total Donations This Statement   | 39:430.0   |
| 10.         | . Total Disbursements/Obligations This Statement   | 1,7.6.3,0.0  |
|             | many smill see to  | 4.71.14.21.421   |
| =           | Under penalty of perjury, I certify that this statement is true, correct and complete.   |  |
|             | TYPE OR PRINT NAME OF PERSON COMPLETING FORM Q66 E   | etran  |
|             | SIGNATURE DATE _   | instantor 3, 2010  |
|             | NOTE: Submission of failed eggantious or incomplete triformation may subject the person signing this statem  | -  |
|             | in the state of th | FEC FORM 8 (REV. 12/2007)  |
|             | the control of the co | res (erm a (res, 1220))  |
|             | and the same of th |  |
|             | on Profession  |  |
|             | The state of the s |  |

LANGE OF STREET

| List | of Person(s) | Sharing/Exercising | Control |
|------|--------------|--------------------|---------|
|      |              | S 83 NOCOSSETV)    |         |

PAGE 2 OF 3

|            | son(s) Sharing/Exercising  | Control  |                         |              |  |
|------------|--|--|-------------------------|--------------|--|
| A.         | (e) Name Qab Engiterm  |  |                         |              |  |
|            | (b) Address (number and street)  |  |                         |              |  |
|            | (c) City, State and ZIP Code   | H Street NW  |                         |              |  |
|            | • • •  | 06 20  | a t a                   |              |  |
|            | (d) Name of Employer or Principal  | Place of Business  | 0 6 1<br>(e) Occupation |              |  |
|            | •  | maker of comme   | rce Vice                | - President  |  |
| ₿.         | (a) Name   | Miller   |                         |              |  |
|            | (b) Address (number and street)  | H-SMET   |                         |              |  |
|            | (c) City State and ZIP Code  |  |                         |              |  |
|            | (d) Name of Employer of Principal  | Place of Business  | (e) Occupation          |              |  |
|            | •  |  |                         | 14. 0 1      |  |
| _          | U.S. Ch.   | may at connecte  | Serior                  | Vice Preside |  |
| C,         | (a) Name   |  |                         |              |  |
|            | (b) Address (number and street)  | and the same of the  |                         |              |  |
|            |  | We get get to the terms of the  |                         |              |  |
|            | (c) City, State and ZIP Code   | Aller Show are a man area  |                         |              |  |
|            |  |  |                         |              |  |
|            | (d) Name of Employer or Principal  | PIECE OF DUSTINES  | (a) Occupation          |              |  |
|            |  | e en et reger de la companya de la c |                         |              |  |
| D,         | (a) Neme   | ·  |                         |              |  |
|            | (b) Address (number and street)  |  | <del></del>             |              |  |
|            | (D) Manuaga (unumer sun eneer)   | Section Section 1  |                         |              |  |
|            | (c) City, State and ZIP Code   | a make appearant of  |                         |              |  |
|            |  | <u> </u>   |                         |              |  |
|            | (d) Name of Employer or Principal  | Place of Buttingsa   | (a) Occupation          |              |  |
|            | τ.   |  |                         |              |  |
|            | •  | State of the second  |                         |              |  |
| <b>E</b> . | (a) Name   | de de la companya de   |                         |              |  |
| Ē.         | (a) Name   |  |                         |              |  |
| <u>E</u> . |  | Little Andrews Comments of the |                         |              |  |
| <b>E</b> . | (p) Address (number and street)  | 2 2 2 2  |                         |              |  |
| E.         |  | the second of th |                         |              |  |
| Ē.         | (b) Address (number and street) (c) City, State and ZIP Code                                   | Place of Bueinges  | (e) Oocupetisn          |              |  |
| E.         | (p) Address (number and street)  | Place of Business  | (e) Occupetion          |              |  |
| E.         | (b) Address (number and street) (c) City, State and ZIP Code                                   | Place of Bueiness  | (e) Occupetion          |              |  |
| E.         | (b) Address (number and street) (c) City, State and ZIP Code                                   | Place of Buelness  | (e) Cocupetion          |              |  |
| E.         | (b) Address (number and street) (c) City, State and ZIP Code (d) Name of Employer or Principal | Place of Bueiness  | (e) Occupetton          |              |  |

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

| A. Full Name (Last First, Middle Initial) of Payee   | Date of Disbursement or Obligation   |  |  |  |
|--|--|--|--|--|
| Revolution   | TATAL SEED SECTION   |  |  |  |
| Mailing Address of Payee   | 0.91 0.31 2010   |  |  |  |
|  | Amount   |  |  |  |
| City 1090 Vermont Avenue NW Suite 123  | 61.4.747.630.0   |  |  |  |
| Washington OC 20005  | the same and the same of the s |  |  |  |
| Name of Employer Occupation  | Communication Date   |  |  |  |
| 333,   | 09 03 2010   |  |  |  |
| Purpose of Disbursement (Including title(s) of communication(s))   | The state of the s |  |  |  |
| And the second s |  |  |  |  |
| Name of Federal Candidate Office Sought: House State: CO   | Diabursement/Obligation For:   |  |  |  |
| Senete   | Primary General  |  |  |  |
| Neme of Federal Candidate  Neme of Federal Candidate  Office Sought: House  Neme of Federal Candidate  | Other (specify)  |  |  |  |
| Name of Federal Candidate Office Sought: House State:  | Disbursement/Obligation For:   |  |  |  |
| Senate   | Primery General  |  |  |  |
| President District:  | Other (specify)  |  |  |  |
| Name of Federal Candidate Office Sought; House State:  | Disbursement/Obligation For:   |  |  |  |
| Senate   | Primary General  |  |  |  |
| President District:  | Other (specify)  |  |  |  |
| B. Fuil Name (Last, First, Middle Initial) of Payee  | Date of Disburgement or Obligation   |  |  |  |
| 5. Full (value (Last, First, Midule Inide) of Fayos  | CRAM , LEFE , LABACTARA  |  |  |  |
| Mailing Address of Payes   | Land Land  |  |  |  |
| Mailing Address of Payee   | Amount   |  |  |  |
| City StateZip Code   |  |  |  |  |
|  | Communication Date   |  |  |  |
| Name of Employer Occupation  | Conjuguescon pare  |  |  |  |
|  |  |  |  |  |
| Purpose of Disbursement (Including title(s) of communication(s))   | - and the comment of the second SEC A. Second Second SEC A. (1900) Second SEC A. (1900) SECOND SECON |  |  |  |
|  |  |  |  |  |
| Name of Federal Candidate Office Sought: House State:  | Disbursement/Obligation For:   |  |  |  |
| Senate   | Primary General  |  |  |  |
| President District:  | Other (specify) >  |  |  |  |
| Name of Federal Candidate Office Sought House State:   | Disburaement/Obilgation For:   |  |  |  |
| Senate   | Primary General  |  |  |  |
| President District: ———  | Other (specify)  |  |  |  |
| Name of Federal Candidate Office Sought: House State:  | Disbursement/Obligation For:   |  |  |  |
| Senate   | Primary General  |  |  |  |
| President District   | Other (specify)  |  |  |  |
|  |  |  |  |  |
|  | Landania   |  |  |  |
| SUBTOTAL of Disbursements/Obligations This Page (optional)   |  |  |  |  |
| 11.1 - / 2.0   |  |  |  |  |
| TOTAL This Period (last page this line number only)  | 1.4.7.7.63.00  |  |  |  |
| (carry total from last page to Line 10)" " " " " " " " " " " " " " " " " " "   |  |  |  |  |
|  |  |  |  |  |

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FEC FORM 9 (REV. 12/2007)

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