

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, NW

(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 09/31/2010 through 09/09/2010

5. (a) Date of Public Distribution(s) 09/08/2010 (b) Communication Title "Can't Work" TV ad - Sacramento

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 James W. Robinson

(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

9. Total Donations This Statement 0.00

10. Total Disbursements/Obligations This Statement 1385756.50

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM James W. Robinson

SIGNATURE 

DATE Sept 8, 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.

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
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

B. (a) Name
James W. Robinson

(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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media		Date of Disbursement or Obligation 08 31 2010
Mailing Address of Payee 600 Fairmount Avenue		Amount 375,000.00
City Towson	State MD	Zip Code 21286
Name of Employer	Occupation	Communication Date 09 08 2010

Purpose of Disbursement (Including title(s) of communication(s))
"Can't Work" TV ad - Sacramento

Name of Federal Candidate Barbara Boxer	Office Sought <input checked="" type="checkbox"/> Senate	House <input type="checkbox"/>	State: CA	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Name of Federal Candidate	Office Sought	House	State:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General
Name of Federal Candidate	Office Sought	House	State:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General

B. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings		Date of Disbursement or Obligation 09 07 2010
Mailing Address of Payee 1850 M Street, NW, Suite 235		Amount 107,565.00
City Washington	State DC	Zip Code 20036
Name of Employer	Occupation	Communication Date 09 08 2010

Purpose of Disbursement (Including title(s) of communication(s))
"Can't Work" TV ad - Sacramento

Name of Federal Candidate Barbara Boxer	Office Sought <input checked="" type="checkbox"/> Senate	House <input type="checkbox"/>	State: CA	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Name of Federal Candidate	Office Sought	House	State:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General
Name of Federal Candidate	Office Sought	House	State:	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General

SUBTOTAL of Disbursements/Obligations This Page (optional)	385,756.50
TOTAL This Period (last page this line number only)	385,756.50
(carry total from last page to Line 10)	

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™ 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
<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):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED