



U.S. Chamber of Commerce
Political Affairs and Federation Relations 202-463-5532

To:	FEC	From:	Kelly McCain
Fax:	202-219-0174	Pages:	10 Incl cover sheet
Phone:	202-694-1000	Date:	9/15/2010
Re:	Form 9 filing	cc:	

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

09/03/2010

through

09/15/2010

5. (a) Date of Public Distribution(s) 09/15/2010 (b) Communication Title "Health Care"

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

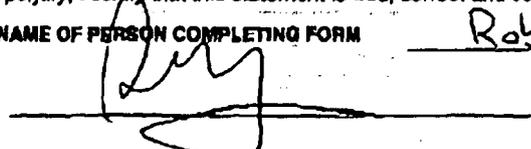
250,000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rob Engstrom

SIGNATURE



DATE

9/14

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)

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Revolution Agency		Date of Disbursement or Obligation 09 / 03 / 2010
Mailing Address of Payee 1090 Vermont Ave NW Ste 1236		Amount 250,000.00
City Washington DC	State DC	Zip Code 20005
Name of Employer Revolution Agency	Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) "Health Care" TV Spot		
Name of Federal Candidate Michael Bennet	Office Sought: <input checked="" type="checkbox"/> House <input 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 _____		Date of Disbursement or Obligation _____ / _____ / _____
Mailing Address of Payee _____		Amount _____
City _____	State _____	Zip Code _____
Name of Employer _____	Occupation _____	
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)		250,000.00

Federal Election Commission
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