

U.S. Chamber of Commerce

1615 H Street, N.W.
Washington, D.C. 20062-2000

www.uschamber.com



FACSIMILE TRANSMITTAL

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Date: October 5, 2010

Pages: 55 (including cover sheet)

Comments:

FEC Form 9 filing for the US Chamber of Commerce.

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 29 2010 through 10 05 2010

5. (a) Date of Public Distribution(s) 10 05 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

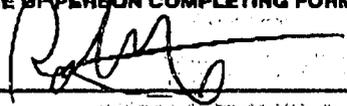
10. Total Disbursements/Obligations This Statement 500,000.00

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

10/5/10

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)

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 <u>Revolution Media Group</u>			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">09 / 29 / 2010</div>
Mailing Address of Payee <u>1090 Vermont Ave NW Ste 230</u>			Amount <div style="border: 1px solid black; padding: 2px;">500,000.00</div>
City <u>Washington, DC</u>	State <u>DC</u>	Zip Code <u>20005</u>	Communication Date <div style="border: 1px solid black; padding: 2px;">10 / 05 / 2010</div>
Name of Employer <u>Revolution Media Group</u>			Occupation
Purpose of Disbursement (Including title(s) of communication(s)) <u>"Health Care" TV Spot</u>			
Name of Federal Candidate <u>Michael Bennet</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CO</u> District: _____	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	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 			Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> </div>
Mailing Address of Payee 			Amount <div style="border: 1px solid black; padding: 2px;"> </div>
City 	State 	Zip Code 	Communication Date <div style="border: 1px solid black; padding: 2px;"> </div>
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	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) ▶
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;"> </div>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;">500,000.00</div>

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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<input type="checkbox"/> No Postmark	
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