

# FEC FORM 9

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

### 1. Person Making the Disbursements/Obligations

(a) Name <u>U.S. Chamber of Commerce</u>		2. FEC Identification Number <u>030001101</u>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>1615 H Street NW</u>		
(c) City, State and ZIP Code <u>Washington, DC 20062</u>		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement	<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period	<u>09 29 2010</u> through <u>10 05 2010</u>
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5. (a) Date of Public Distribution(s) 10 05 2010 (b) Communication Title Economic Disaster

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 <u>Rob Engstrom</u>	
(b) Address (number and street) <u>1615 H Street NW</u>	
(c) City, State and ZIP Code <u>Washington, DC 20062</u>	
(d) Name of Employer or Principal Place of Business <u>U.S. Chamber of Commerce</u>	(e) Occupation <u>Vice President</u>

### 9. Total Donations This Statement

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 [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

<b>A.</b>	(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>B.</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
<b>C.</b>	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>D.</b>	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>E.</b>	(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)**

<p><b>A. Full Name (Last, First, Middle Initial) of Payee</b>  <u>Revolution Media Group</u></p> <p><b>Mailing Address of Payee</b>  <u>1090 Vermont Ave NW Ste 230</u></p> <p><b>City</b> <u>Washington, DC</u> <b>State</b> <u>DC</u> <b>Zip Code</b> <u>20005</u></p> <p><b>Name of Employer</b> _____ <b>Occupation</b> _____</p>	<p><b>Date of Disbursement or Obligation</b>  <u>09' 29' 2010</u></p> <p><b>Amount</b>  <u>250,000.00</u></p> <p><b>Communication Date</b>  <u>10' 05' 2010</u></p>
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**Purpose of Disbursement (Including title(s) of communication(s))**  
"Economic Disaster" TV spot

<p><b>Name of Federal Candidate</b>  <u>Betsy Markey</u></p>	<p><b>Office Sought:</b> <input checked="" type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> <u>CO</u>  <b>District:</b> <u>04</u></p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>Name of Federal Candidate</b></p>	<p><b>Office Sought:</b> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>Name of Federal Candidate</b></p>	<p><b>Office Sought:</b> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>

<p><b>B. Full Name (Last, First, Middle Initial) of Payee</b></p> <p><b>Mailing Address of Payee</b></p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____</p> <p><b>Name of Employer</b> _____ <b>Occupation</b> _____</p>	<p><b>Date of Disbursement or Obligation</b></p> <p><b>Amount</b></p> <p><b>Communication Date</b></p>
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**Purpose of Disbursement (Including title(s) of communication(s))**

<p><b>Name of Federal Candidate</b></p>	<p><b>Office Sought:</b> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>Name of Federal Candidate</b></p>	<p><b>Office Sought:</b> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>Name of Federal Candidate</b></p>	<p><b>Office Sought:</b> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>

<p><b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ▶</p>	
<p><b>TOTAL This Period (last page this line number only)</b> ▶  <small>(carry total from last page to Line 10)</small></p>	<p><u>250,000.00</u></p>

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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