

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

"Counting on Critz"

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

(e) Occupation

U.S. Chamber of Commerce

Vice President

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

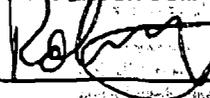
,248,556.00

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. 5437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Rob Engstrom	(e) Occupation Vice President
	(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	
B.	(a) Name Bill Miller	(e) Occupation Senior Vice President
	(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	
C.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
D.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group				Date of Disbursement or Obligation 09 ' 29 ' 2010	
Mailing Address of Payee 814 King Street				Amount 248,556.00	
City Alexandria, VA		State	Zip Code 22314		Communication Date 10 ' 05 ' 2010
Name of Employer Occupation					
Purpose of Disbursement (Including title(s) of communication(s)) "Counting on Critz" - TV Spot					
Name of Federal Candidate Mark Critz		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District: 13	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 M M / D D / Y Y Y Y	
Mailing Address of Payee				Amount	
City		State	Zip Code		Communication Date M M / D D / Y Y Y Y
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) ▶				248,556.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				248,556.00	

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.

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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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 PREPARER

N/A
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