

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 7, 2010

Pages: 61 (including cover sheet)

Comments:

FEC Form 9 filing for the U.S. 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
10 04 2010
through
10 07 2010

5. (a) Date of Public Distribution(s) 10 07 2010 (b) Communication Title Working

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

000

10. Total Disbursements/Obligations This Statement

,195,015.00

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

10/7/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

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	(e) Occupation
U.S. Chamber of Commerce	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	(e) Occupation
U.S. Chamber of Commerce	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>Issue and Image Advocacy and Adversity</u>		Date of Disbursement or Obligation <u>10/04/2010</u>
Mailing Address of Payee <u>300 N. Lee Street, Ste 500</u>		Amount <u>195,015.00</u>
City <u>Alexandria, VA</u>	State <u>VA</u>	Zip Code <u>22314</u>
Name of Employer 		Occupation
Purpose of Disbursement (Including title(s) of communication(s)) <u>"Working" - TV Spot</u>		
Name of Federal Candidate <u>Jim Marshall</u>	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) ▶
State: <u>GA</u>	District: <u>08</u>	
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		
Mailing Address of Payee		Date of Disbursement or Obligation
City		Amount
Name of Employer		Communication Date
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)		
		<u>195,015.00</u>

Federal Election Commission
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