

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 _____ (e) Occupation _____

U.S. Chamber of Commerce Vice President

9. Total Donations This Statement 000

10. Total Disbursements/Obligations This Statement 70,617.00

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 10/7/10

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

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 Issue and Image Advocacy and Advertising | | | | Date of Disbursement or Obligation 10 04 2010 | |
| Mailing Address of Payee 300 N. Lee Street, Ste 500 | | | | Amount 70,617.00 | |
| City Alexandria, VA | | State VA | | Zip Code 22314 | |
| Name of Employer _____ | | | | Occupation _____ | |
| Purpose of Disbursement (Including title(s) of communication(s)) "Working" TV Spot | | | | | |
| Name of Federal Candidate Walt Minnick | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: ID District: 01 | |
| 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 _____ | |
| 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 | | 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) ▶ | | | | _____ | |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | | | | 70617.00 | |

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.

| | |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
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