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 19, 2010

Pages: 4 (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 X New or Amended

4. Covering Period 10 15 2010 through 10 18 2010

5. (a) Date of Public Distribution(s) 10 18 2010 **(b) Communication Title** Healthcare

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) X 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 0.00

10. Total Disbursements/Obligations This Statement 1,000,000.00

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** 10/19/10

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)

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: Revolution Agency

Mailing Address of Payee: 1090 Vermont Ave NW Ste1230

City: Washington State: DC Zip Code: 20005

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 15 / 2010

Amount: 1,000,000.00

Communication Date: 10 / 18 / 2010

Purpose of Disbursement (including title(s) of communication(s)): "Healthcare" TV Spot

Name of Federal Candidate: Michael Bennet
Office Sought: [ ] House [X] Senate [ ] President
State: CO District:
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation: MM / DD / YYYY

Amount

Communication Date: MM / DD / YYYY

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1000000.00
(carry total from last page to Line 10)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)