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

2. FEC Identification Number C30001101

(d) Name of Employer or Principal Place of Business (e) Occupation

3. Is This Statement X New or Amended

4. Covering Period 10 18 2010 through 10 22 2010

5. (a) Date of Public Distribution(s) 10 22 2010 **(b) Communication Title** "Good Fight"

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 000

10. Total Disbursements/Obligations This Statement 204,000.00

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 10/21/2010

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. 12/2001)

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
Smart Media Group

Mailing Address of Payee
614 King Street Ste 400

City: Alexandria State: VA Zip Code: 22314

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 18 / 2010

Amount: 204,000.00

Communication Date: 10 / 22 / 2010

Purpose of Disbursement (including title(s) of communication(s)):
"Good Fight" - Radio Spot

Name of Federal Candidate: Dino Rossi
Office Sought: [ ] House [X] Senate [ ] President
State: WA 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 / YYYYYY

Amount

Communication Date: MM / DD / YYYYYY

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) ▶ 204,000.00
(carry total from last page to Line 10)

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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☐ No Postmark	
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N/A PREPARER	N/A DATE PREPARED

(5/2004)