

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 Friends

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

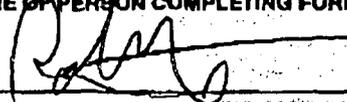
10. Total Disbursements/Obligations This Statement 250,000.00

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

10/5/10

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	(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 Media Group

Mailing Address of Payee
1090 Vermont Ave NW Ste 230

City Washington, DC **State** DC **Zip Code** 20005

Name of Employer _____ **Occupation** _____

Date of Disbursement or Obligation
09 29 2010

Amount
250,000.00

Communication Date
10 05 2010

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

Friends - TV Spot

Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State: <u>FL</u>
<u>Suzanne Kosmas</u>	<input type="checkbox"/> Senate	<input type="checkbox"/> President	District: <u>24</u>
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____
_____	<input type="checkbox"/> Senate	<input type="checkbox"/> President	District: _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____
_____	<input type="checkbox"/> Senate	<input type="checkbox"/> President	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
 M M / D D / Y Y Y Y

Amount

Communication Date
 M M / D D / Y Y Y Y

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

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____
_____	<input type="checkbox"/> Senate	<input type="checkbox"/> President	District: _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____
_____	<input type="checkbox"/> Senate	<input type="checkbox"/> President	District: _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____
_____	<input type="checkbox"/> Senate	<input type="checkbox"/> President	District: _____

Disbursement/Obligation For:

Primary General

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)

250,000.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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N/A
 PREPARER
 (5/2004)

N/A
 DATE PREPARED