

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation US CHAMBER OF COMMERCE		3. FEC Identification Number C C30001101
(b) Address (number and street) 1615 H STREET NW	<input type="checkbox"/> check if different than previously reported	
(c) City, State and ZIP Code WASHINGTON DC 20062		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. COVERED PERIOD: FROM / / THROUGH / /

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on / /

6. (a) DATE OF PUBLIC DISTRIBUTION(S) / /

(b) COMMUNICATIONS TITLE Media Advertisement - Energy and Taxes -

7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization making communications under 11 CFR 114.10
(c) an Unincorporated Organization (d) Other, specify: _____

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? Yes No

9. CUSTODIAN OF RECORDS

(a) Name
Dattolo, Maria, , ,

(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
US Chamber of Commerce

(e) Occupation
Sr. Mgr Political Affairs

10. TOTAL DONATIONS THIS STATEMENT

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Dattolo, Maria, , ,	Dattolo, Maria, , , <i>[Electronically I</i>	07/25/2022

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

12. Person(s) Sharing/Exercising Control

A.	(a) Name Dattolo, Maria, , ,	Transaction ID : F91.000001
	(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 US Chamber of Commerce	(e) Occupation Sr Mgr Political Affairs
B.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
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

SRCP Media, Inc.

Mailing Address of Payee
201 N. Union Street
Suite 200

City State Zip Code
Alexandria VA 22314

Name of Employer Occupation

Date of Disbursement or Obligation

MM / DD / YYYY
07 / 21 / 2022

Amount

381000.00

Communication Date

MM / DD / YYYY
07 / 24 / 2022

Purpose of Disbursement (Including title(s) of communication(s))
Media Advertisement - Energy and Taxes - Mentioning Rep. Peter Meijer

Transaction ID : F93.000001

Name of Federal Candidate
Meijer, Peter, , ,

Office Sought: House State: MI
 Senate District: 03
 President

Disbursement/Obligation For: 2022
 Primary General
 Other (specify) ▶

Transaction ID : F94.000003

Name of Federal Candidate

Office Sought: House State: _____
 Senate District: _____
 President

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

Name of Federal Candidate

Office Sought: House State: _____
 Senate District: _____
 President

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 State: _____
 Senate District: _____
 President

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

Name of Federal Candidate

Office Sought: House State: _____
 Senate District: _____
 President

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

Name of Federal Candidate

Office Sought: House State: _____
 Senate District: _____
 President

Disbursement/Obligation For:
 Primary General
 Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional)..... ▶

381000.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 11)

381000.00