

to: FEC

219-0174

9 Pages

3 Filings

from: US Chamber

Justin

202-463-5532

28039843049

# 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, NW

(c) City, State and ZIP Code  
Washington, DC 20062

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

2. FEC Identification Number  
030001101

3. Is This Statement  New or  Amended

4. Covering Period 09' 29' 2008 through 09' 30' 2008

5. (a) Date of Public Distribution(s) 09' 30' 2008 (b) Communication Title Opposes Exploration

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 0.00

10. Total Disbursements/Obligations This Statement 400,000.00

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 10/1/08

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

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

11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name Rob Engstrom	(e) Occupation Vice President
	(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	
<b>B.</b>	(a) Name Bill Miller	(e) Occupation Senior Vice President
	(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	
<b>C.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
<b>D.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
<b>E.</b>	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <b>Revolution Media Group</b>		Date of Disbursement or Obligation <b>09 29 2008</b>
Mailing Address of Payee <b>1090 Vermont Ave, NW Suite 230</b>		Amount <b>400,000.00</b>
City <b>Washington, DC</b>	State <b>DC</b>	Zip Code <b>20005</b>
Name of Employer <b>Revolution Media Group</b>	Occupation	Communication Date <b>09 30 2008</b>

Purpose of Disbursement (including title(s) of communication(s))  
**Opposes Exploration - TV Ad**

Name of Federal Candidate <b>Bruce Lunsford</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>KY</b>	District: <b>---</b>	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: <b>---</b>	District: <b>---</b>	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: <b>---</b>	District: <b>---</b>	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	Communication Date
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: <b>---</b>
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>---</b>
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>---</b>

SUBTOTAL of Disbursements/Obligations This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	<b>400,000.00</b>
(carry total from last page to Line 10)	

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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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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
<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
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A PREPARER	N/A DATE PREPARED
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