

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)

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 NumberC30001101**3. Is This Statement**

New

or



Amended

4. Covering Period09' 29' 2008

through

09' 30' 2008**5. (a) Date of Public Distribution(s)**09' 30' 2008

(b) Communication Title

Healthy Kentucky**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

(e) Occupation

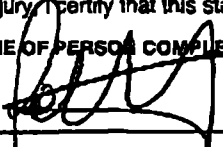
U.S. Chamber of CommerceVice President**9. Total Donations This Statement**0.00**10. Total Disbursements/Obligations This Statement**100,000.00

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.

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

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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	(e) Occupation		
	U.S. Chamber of Commerce		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	(e) Occupation		
	U.S. Chamber of Commerce		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		

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>Revolution Studios Media Group</u> Mailing Address of Payee <u>1090 Vermont Ave, NW Suite 230</u> City <u>Washington</u> State <u>DC</u> Zip Code <u>20005</u> Name of Employer _____ Occupation _____				Date of Disbursement or Obligation <u>09 29 2008</u> Amount <u>100,000.00</u> Communication Date <u>09 30 2008</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Healthy Kentucky - TV Ad</u>					
Name of Federal Candidate <u>Mitch McConnell</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>KY</u> District: _____		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: _____ District: _____		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: _____ District: _____		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 Mailing Address of Payee City _____ State _____ Zip Code _____ Name of Employer _____ Occupation _____				Date of Disbursement or Obligation _____ Amount _____ 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: _____ District: _____		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: _____ District: _____		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: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)					
<u>100,000.00</u>					

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> No Postmark	
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PREPARER

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