

TO FEC
202-219-0174

FROM
US CHAMBER
4 PAGES

FEC FORM 9

28039884099

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 reported1615 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 Period**10/16/2008

through

10/21/2008**5. (a) Date of Public Distribution(s)**10/21/2008

(b) Communication Title

Georgia**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**50,000.00

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

10/21/08

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

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

PAGE 2 OF 3

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	

28039884101

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>Sutter's Mill, Inc.</u>		Date of Disbursement or Obligation <u>10/16/2008</u>	
Mailing Address of Payee <u>499 S Capital St. SW Suite 404</u>		Amount <u>50,000.00</u>	
City <u>Washington</u>	State <u>DC</u>	Zip Code <u>20002</u>	Communication Date <u>10/21/2008</u>
Name of Employer 		Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) <u>Georgia - Radio Ad</u>			
Name of Federal Candidate <u>John Barrow</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>GA</u>	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: 	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: 	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 	Communication Date
Name of Employer 		Occupation 	
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: 	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: 	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: 	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)			

Federal Election Commission
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PREPARER
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