

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

C70004395

3. Is This Statement

☒ New
or

Amended

4. Covering Period

08 ' 22 ' 2008
through
09 ' 03 ' 2008

5. (a) Date of Public Distribution(s) 09 ' 03 ' 2008

(b) Communication Title Families - Healthcare

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 Commerce

Vice President

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

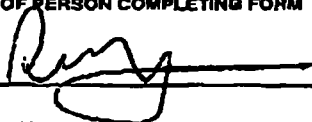
20,590.00

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

9/8/01

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

FEC FORM 9 (REV. 12/2007)

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

PAGE 2 OF 4

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

28039830158

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount : : .
B. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount : : .
C. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount : : .
D. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount : : .
E. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount : : .
SUBTOTAL of Donations This Page (optional) ▶ TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	

28039830159

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee <u>Scott Howell + Company</u>				Date of Disbursement or Obligation <u>08 ' 22 ' 2008</u>	
Mailing Address of Payee <u>208 N. Market Street - Suite 225</u>				Amount <u>20590.00</u>	
City <u>Dallas</u>		State <u>TX</u>		Zip Code <u>75202</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Families - Healthcare - Radio Ad</u>					
Name of Federal Candidate <u>Peter Roskam</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		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		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		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 	
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		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		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		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>20,590.00</u>	

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**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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(5/2004)

N/A
DATE PREPARED

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