## 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	
٠	(b) Address (number and street) check if different than previously reported	2. FEC Identification Number
	(c) City, State and ZiP Code	C70004395
	(d) Name of Employer or Principal Place of Business (e) Occupation	
	(4, 555, 556, 556, 556, 556, 556, 556, 55	
		_ <u></u>
	✓ New Ö 🖔	´ 22 ´ 2008
3.	la This Statement or 4. Covering Period	through
	Amended Ü Ž	1 8 3 4 8 8 8
5.	(a) Date of Public Distribution(s) $\overset{\circ}{O}$ $\overset{\circ}{q}$ $\overset{\circ}{o}$ $\overset{\circ}{S}$ $\overset{\circ}{o}$ $\overset{\circ}{S}$ $\overset{\circ}{o}$ $\overset{\circ}{O}$ $\overset{\circ}{o}$ (b) Communication Ti	the ICCC brd
6.	The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified N	lonprofit Corporation (11 CFR 114.10)
	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making commun	nications under 11 CFR 114.15
	(e) Other, specify:	
7	If the filer is an individual, unincorporated organization or qualified nonprofit of	
	were the disbursements made exclusively from donations to a segregated ban	
8.	Custodian of Records	
	(a) Name Rob Enystrom	·
	(b) Address (number and street)  LL LS H. Street, NW  (c) City, State and ZIP Code	
	Was hrighon DC 20062  (d) Name of Employer or Principal Place of Business  (a) Occupation	
	U.S. Chamber of Commerce Vice	e Bresidat
9.	Total Donations This Statement	
		·
10.	Total Disbursements/Obligations This Statement 4	24 0 00
=	, 6	,380.00
	Under penalty of perjury.+ certify that this statement is true, correct and complete.	
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob Engston	<u> </u>
		6/10
	SIGNATURE VOLUME DATE 9	14°Y
		•

NOTE: Submission of felse, emoneous or incomplere information may subject the person signing this statement to the penalties of 2 U.S.C. §457g

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

PAGE 2 OF 4

	(a) Name Rob Engstrom (b) Address (number and street)				
•	1615 H Street NW				
	(c) City, State and ZIP Code				
	Washington Dr. 20062 (a) Name of Employer or Principal Piace of Business	(e) Occupation			
	•				
	U.S. Chamber of Commerce	Nece President			
B.	(a) Name				
	B:U M:ller				
	(h) Address (sumber and elect)	<del></del>			
	1416 to Clark Alias				
	1615 H Street, NW				
	(c) City, State and ZIP Code				
	(c) City, State and ZIP Code  Was him for PC 20067  (d) Name of Employer or Principal Place of Business	· · · · · · · · · · · · · · · · · · ·			
	(d) Name of Employer or Principal Place of Business	(e) Occupation			
	U.S. Chamber of Commerce	Sonor VKC President			
_	كالأكال التحار المستندي والمراط والمراط والمساحد والمراج والمراج والمراط والمراط	Janier VRE LASIGUAT			
G.	(a) Name				
	(b) Address (number and street)				
•	(c) City, State and ZIP Code				
	•				
	(d) Name of Employer of Principal Place of Business	(a) Occupation			
•	(d) Name of Employer or Principal Place of Business	(a) Occupation			
	(d) Name of Employer of Principal Place of Business	(a) Occupation			
	(d) Name of Employer or Principal Place of Business  (a) Name	(a) Occupation			
		(a) Occupation			
<del>)</del> .	(a) Name	(a) Occupation			
<del>)</del> .		(a) Occupation			
).	(a) Name (b) Address (number and street)	(a) Occupation			
).	(a) Name	(a) Occupation			
<b>)</b> .	(a) Name (b) Address (number and street) (c) City, State and ZiP Code				
<b>)</b> .	(a) Name (b) Address (number and street)	(a) Occupation			
<b>)</b> .	(a) Name (b) Address (number and street) (c) City, State and ZiP Code				
). -	(a) Name (b) Address (number and street) (c) City, State and ZiP Code (d) Name of Employer or Principal Place of Business				
). -	(a) Name (b) Address (number and street) (c) City, State and ZiP Code				
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<b>5.</b>	(a) Name (b) Address (number and street) (c) City, State and ZiP Code (d) Name of Employer or Principal Place of Business (a) Name (b) Address (number and street)				

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SCHEDULE	9-A
Donation(s)	Receive

PAGE 3 OF 4

Done	tion(s) Received		
1	. Full Name of Donor		Date of Receipt
	Mailing Address of Donor		Amount
	City	State Zip	
F	3. Full Name of Donor		Date of Receipt
	Mailing Address of Donor		
ł		e e e e e e e e e e e e e e e e e e e	Amount
	City	State Zip	; ;
6	Full Name of Donor		Pate of Parada
}			Date of Receipt
	Mailing Address of Donor		Amount
	City	State Zip	
١,	Full Name of Donor	· · · · · · · · · · · · · · · · · · ·	
ł			Dete of Receipt
	Mailing Address of Donor		Amount
	City	State Zip	· · ·
1_	Edition of Sc		
	Full Name of Donor		Date of Receipt
	Mailing Address of Donor	· · · · · · · · · · · · · · · · · · ·	M M / D B / Y Y Y
			Amount
	City	State Zip	,
<u></u>			
SUBT	TOTAL of Donations This Page (	oplional)	••• • • • • • • • • • • • • • • • • •
TOTA	L This Period (lest page this line (carry total from lest page to	e number only)	<b>&gt;</b>
_		برهبرب بالباهد المستهن عموم كالأكاك المستهد	أواري والمرور المروان والمراكب الكالأن الكافان والمراج والمراج والمراجع

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A. Full Name (Lest, First, Middle Initia	at) of Paves	Date of Disbursement or Obligation
Scott Howell + Co	· · · · · · · · · · · · · · · · · · ·	05'22'3668
Mailing Address of Payee  208 N. Market  City	State 225 TX 75202	Amount , 9 380 0
Name of Employer	Occupation	Communication Date
Purpose of Diabursement (Includin Record - Radio	· · ·	_
Name of Faderal Candidate  Jon Porter	Office Sought House State: NV Senate District:	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate	Office Sought: House State:  Senate District:	Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate	Office Sought: House State:  Senate President District:	Disbursement/Obligation For: Primary General Other (specify)
B. Fuil Name (Last, First, Middle Initia	i) of Payee	Date of Disbursement or Obligation
Mailing Address of Payee		Amount
City	State Zip Code	Communication Data
Name of Employer	Occupation	M Wi 1 G D 1 A A A A
Purpose of Disbursement (Including	title(s) of communication(s))	·! · · · · · · · · · · · · · · · · · ·
Name of Federal Cendidate	Office Sought: House State: Senate District: -	Disbursement/Obligation For: Primary General Other (specify)

House

Senate

House

President

President

State:

District: \_

State:

District: ..

Office Sought:

Office Sought:

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

TOTAL This Period (last page this line number only) .........

EES	AM	nas	DNI	į

Name of Federal Candidate

Name of Federal Candidate

(carry total from last page to Line 10)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| PAGE 4 OF 4

Disbursement/Obligation For:

☐ Other (specify) ▶

Disbursement/Obligation For:

Other (specify)

Primary General

Primary General

## Federal Election Commission FNVFLOPE REPLACEMENT PAGE

FOR INCOMING DOCUMENTS	-
The FEC added this page to the end of this filing to indicate h	now it was received.
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USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirm	ation ™ Label
USPS Express Mail	Postmarked
Postmark Illegible .	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
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(5/2004)	