

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 20002

(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' 05' 2008

5. (a) Date of Public Distribution(s) 09' 05' 2008 (b) Communication Title Healthy Lives - ME

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 20002

(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

92,387.69

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

[Signature]

DATE

9/8/08

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

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

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

<p>A. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p> </p>
<p>B. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p> </p>
<p>C. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p> </p>
<p>D. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p> </p>
<p>E. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p> </p>

<p>SUBTOTAL of Donations This Page (optional)</p>	<p> </p>
<p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	<p> </p>

28039830171

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee <u>James town Associates</u>			Date of Disbursement or Obligation <u>08'22'2008</u>	
Mailing Address of Payee <u>1133 21st Street NW - Suite 700</u>			Amount <u>92387.69</u>	
City <u>Washington</u>	State <u>DC</u>	Zip Code <u>20036</u>	Communication Date <u>04'05'2008</u>	
Name of Employer 			Occupation 	
Purpose of Disbursement (including title(s) of communication(s)) <u>Healthwar Lives - ME - Television Ad</u>				
Name of Federal Candidate <u>Susan Collins</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>ME</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 			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: 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>92,387.69</u>

28039830172

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"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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PREPARER

N/A
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(5/2004)

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