FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	Person Making the Diaburaements/Obligations	
	(a) Name	
	U.S. Chamber of Commonic	
	(b) Address (number and street) check if different than previously reported	2. FEC Identification Number
	(c) City, State and ZIP Code	C70004395
		C/0004375
	(d) Name of Employer or Principal Place of Business (e) Occupation	
1		
	X New Ď Ž	' 22' 2008
3.	is This Statement or 4. Covering Period	through
	· · · · · · · · · · · · · · · · · · ·	
	Amended 0 9	' 65' 200's
5	(a) Date of Public Distribution(s) 0 4 6 5 2 6 6 8 (b) Communication Ti	He Halthan / res-MF.
Ϋ.	(a) agree of 1 applicable and (b) (c) 4 (c) 2 (c) 1/2) agrinting application (c)	10 11007 17703 1-123
6.	The filer is a(n); (a) Individual (b) Unincorporated Organization (c) Qualified N	Ionprofit Corporation (11 CFR 114.10)
	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making commun	nications under 11 CFR 114.15
	(a) Other, specify:	
	(a) Other, specify.	
	If the filer is an individual, unincorporated organization or qualified nonprofit of were the disbursements made exclusively from donations to a segregated band	
8.	Custodian of Records (a) Name Rob Engstrom	·
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	1/ James La De 2000	
	Washington DC 20062 (d) Name of Employer or Principal Place of Business (e) Occupation	
	.	
	U.S. Chambor of Commerce Vila	e President
i		
9.	Total Donations This Statement	9 .
ın	Total Disbursements/Obilgations This Statement 4	2426
υ.	i oral pianal sellicitto onigatione i liis amfalliciit	1,387,69
=		
	Under penalty of perjury, I certify that this statement is true, correct and complete.	
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM KOB CHESTROM	
	(),,,	- h/h
	SIGNATURE DATE	4/X/0X
		11-1
	NOTE: Submission of false, erronsous or incomplète information may subject the person eigning this statement	to the penalties of 2 U.S.C. §437g.

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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) (b) Street NW (c) City, State and ZIP Code	
(c) City, State and ZIP Code	
(c) City, State and ZiP Code	
Walnut and an amount	
(d) Name of Employer or Principal Place of Business	
	(e) Occupation
U.S. Chamber of Commerce	Vree President
(a) Name Sill Miller	·
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code	
Mashin Lon DC 20067	(e) Occupation
	•
	Sonior Vice Prisirent
(a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(a) Name of Employer or Principal Place of Business	(e) Occupation
(a) Name	
b) Address (number and street)	~
c) City, State and ZIP Code	-
(6) Name of Employer or Principal Place of Business	(e) Occupation
a) Name	
b) Address (number and street)	
c) City. State and ZIP Code	
d) Name of Employer or Principal Place of Business	(a) Occupation
	(a) Name (number and street) LG S H Street, NW (c) City, State and ZIP Code MAShington DC 25002 (d) Name of Employer or Principal Place of Business U.S. Chamber of Communic (a) Name (b) Address (number and street) (c) City, State and ZIP Code (a) Name of Employer or Principal Place of Business (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 (d) Name of Employer or Principal Place of Business

SCHEDULE	9-A
Donation(s)	Received

PAGE 3 OF 4

		
Full Name of Donor	•	Date of Receipt
Melling Address of Donor		M M I D D I Y Y Y Y
City	State Zip	; ,
Full Name of Donor		Date of Receipt
Non-		A P (D D (V Y Y Y
Maling Address of Dorlor	المعارضين والمعارضين والمساورة والمساورة والمساورة والمعارضين والمساورة والمساورة والمساورة والمساورة والمساورة	Amount
City	State Zip	, , ,
Full Name of Donor		Date of Receipt
Mailing Address of Donor		Amount
City	State Zip	, ,
Full Name of Donor		Date of Receipt
Mailing Address of Donor		Amount
City	State Zip	3
Full Name of Donor		Date of Receipt
Mailing Address of Donor	No. of the second secon	P M 1 D D 1 Y Y Y
A		Amount
City	State Zip	, .
TAL of Donations This Page (opi	tional)	
	Mailing Address of Donor City Full Name of Donor Mailing Address of Donor City Full Name of Donor Mailing Address of Donor City Full Name of Donor Mailing Address of Donor City Full Name of Donor City This Pariod (last page this line in	Meiling Address of Donor City State Zip Full Name of Donor City State Zip Full Name of Donor Mailing Address of Donor City State Zip Full Name of Donor City State Zip Full Name of Donor Mailing Address of Donor City State Zip Full Name of Donor Mailing Address of Donor

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SCHEDULE 9-B	,	
Disbursement(s)	Made or	Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation	
James town Associates		
Marting Address of Course		
1133 21st Street, NW- Suite 700 City, State Zip Code	Amount 9 3 8 7 6 9	
	• •	
Neme of Employer Occupation	Communication Date	
Transport Consultation	04'65'2008	
Purpose of Disbursement (Including title(s) of communication(s))		
Healthray Lives - ME - Television Ad Name of Federal Candidate Office Sought: House State: ME	Disbursement/Obligation For:	
	Primary General	
Susar Collins Senate President District: ——	Other (specify)	
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:	
Senate	Frimary General	
President District:	Other (specify)	
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:	
Senate .	Primary General	
President District:	Other (spacify)	
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation	
Et i au carite ferral cued interior libraril et calare	W M 1 D D 1 A A A A	
Mailing Address of Payee		
	Amount	
City State Zip Code	1 .	
	Communication Date	
Name of Employer Occupation	M H ' D D ' Y Y Y Y	
Purpose of Disbursement (including title(s) of communication(s))		
Í		
Name of Federal Candidate Office Sought: House State:	Diabursement/Obligation For:	
Senate Diatrict:	Primary General	
President	☐ Other (apecify) ▶	
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:	
Senate District:	Primary General	
President	☐ Other (specify) ▶	
Name of Federal Candidate Office Sought; House State:	Disbursement/Obligation For: Primary General	
Senate District;		
President	Other (specify)	
·		
SUBTOTAL of Disbursements/Obilgations This Page (optional)		
TOTAL This Period (last page this line number only)		
(carry total from last page to Line 10)		
to A contract to the contract		

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.		
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USPS Priority Mail	Postmarked	
OUR S F HOLILY IVIAIL	Delivery Confirmation [™] Label	
USPS Express Mail	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Received from House Records & Regist	Date of Receipt ration Office	
Received from Senate Public Records C	Date of Receipt Office	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
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N/A PREPARER	N/A DATE PREPARED	
(5/2004)	•	