

# 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  
070004395

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 Bring Prices Down  
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  
U.S. Chamber of Commerce  
(e) Occupation  
Vice President

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement 36,000.00

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 [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.

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

11. Person(s) Sharing/Exercising Control

A. (a) Name <u>Rob Engstrom</u>	
(b) Address (number and street) <u>1615 H Street NW</u>	
(c) City, State and ZIP Code <u>Washington DC 20062</u>	
(d) Name of Employer or Principal Place of Business <u>U.S. Chamber of Commerce</u>	(e) Occupation <u>Vice President</u>
B. (a) Name <u>Bill Miller</u>	
(b) Address (number and street) <u>1615 H Street NW</u>	
(c) City, State and ZIP Code <u>Washington DC 20062</u>	
(d) Name of Employer or Principal Place of Business <u>U.S. Chamber of Commerce</u>	(e) Occupation <u>Senior Vice President</u>
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

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**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>    </p>
<p><b>B. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>    </p>
<p><b>C. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>    </p>
<p><b>D. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>    </p>
<p><b>E. Full Name of Donor</b></p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p> <p>Amount</p> <p>    </p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶      \$      \$      .</p> <hr/> <p><b>TOTAL This Period (last page this line number only)</b> ..... ▶      \$      \$      .</p> <p>(carry total from last page to Line 8)</p>	

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**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <i>Revolution Media Group</i>				<b>Date of Disbursement or Obligation</b> 08 ' 22 ' 2008	
<b>Mailing Address of Payee</b> <i>1090 Vermont Ave, NW - Suite 230</i>				<b>Amount</b> 36,000.00	
<b>City</b> <i>Washington</i>		<b>State</b> <i>DC</i>	<b>Zip Code</b> <i>20005</i>		<b>Communication Date</b> 09 ' 05 ' 2008
<b>Name of Employer</b>		<b>Occupation</b>			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> <i>Bring Prices Down - Television Ad</i>					
<b>Name of Federal Candidate</b> <i>Bruce Lunsford</i>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
		<input type="checkbox"/> House      State: <i>KY</i>		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
		<input checked="" type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶ _____	
		<input type="checkbox"/> President			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶ _____	
		<input type="checkbox"/> President			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶ _____	
		<input type="checkbox"/> President			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>					
<b>Mailing Address of Payee</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Name of Employer</b>		<b>Occupation</b>			
<b>Purpose of Disbursement (including title(s) of communication(s))</b>					
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶ _____	
		<input type="checkbox"/> President			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶ _____	
		<input type="checkbox"/> President			
<b>Name of Federal Candidate</b>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶ _____	
		<input type="checkbox"/> President			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</b>					
<b>TOTAL This Period (last page this line number only) ▶</b> (carry total from last page to Line 10)					
36,000.00					

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**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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER

N/A  
 DATE PREPARED

(5/2004)

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