FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	Person Making the Diabureements/Obligations	
	(a) Name	
	(b) Address (number and street) Tchack if different than previously reported	
	(b) Address (number and street) check if different than previously reported 16.15 H. Shreet MM	2. FEC identification Number
	(c) City, State and ZIP Code	C70004395
	Washington, DC 20062	
	(d) Name of Employer or Principal Place of Business (e) Occupa	tion
	✓ New Days of the D	8 2 2 2 3 5 5 8
3	Is This Statement of 4. Covering Period	through
٠,	- -	•
	Amended , · D	4 ′ 0 5 ′ <i>4 d</i> d 8
5.	(a) Date of Public Distribution(s) $\overset{\circ}{O}\overset{\circ}{?}$ $\overset{\circ}{O}\overset{\circ}{S}$ $\overset{\circ}{O}\overset{\circ}{S}$ $\overset{\circ}{O}\overset{\circ}{O}\overset{\circ}{O}\overset{\circ}{O}$ (b) Communication	n Title Mc Navney
6.	The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualifie	d Nonprofit Corporation (11 CFR 114.10)
		•
	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making comi	munications under 11 CFR 114.15
	(e) Other, specify:	
7.	If the filer is an individual, unincorporated organization or qualified nonprof were the disbursements made exclusively from donations to a segregated by	
ß.	Custodian of Records	
	(a) Name Rob Engstrom	
	(b) Address (number and street)	
	1615 H. Street, NW	
	(c) City, State and ZIP Code	
	Was hington DC 20062 (d) Name of Employer or Principal Place of Business (e) Occupa	tion
	U.S. Chamber of Commerce V	ile President
9.	Total Donations This Statement	, 0.00
	<u> </u>	
10.	Total Disbursements/Obligations This Statement	2,177,14
=	Under penalty of perjury, I certify that this statement is true, correct and complete.	
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob Engs from	
	(Q) Lt a	d-1/2
	SIGNATURE DATE	47 X/6 X
	NOTE: Submittelian of false, emphecas of incomplete information may subject the person signing this states	nem to the penemes of 2 U.S.C. 6437g.

FEC FORM 8 (REV. 12/2007)

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

PAGE 2 OF 4

er_	sen(s) Sharing/Exercising Control	
Ā,	(a) Name Rob Engstrom (b) Address (number and street)	
	· · · · · · · · · · · · · · · · · · ·	
	1615 H Street NW	
	(c) City. State and ZIP Gode	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
	U.S. Chamber of Commerce	Vice President
В.	(e) NampB:11 M:(lar	
	(b) Address (number end street) 1615 ff Street, NW	
	(c) City, state and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
		_
_	U.S. Chamber of Commerce	Sower Vice Prisirent
•	(a) Nama	
	(b) Address (number and street)	
	(c) City, State and ZiP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
Ο.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
	(a) Name	
	(b) Address (number and street)	
	(-)	
	(c) City. State and ZIP Code	

P.39

SCHEDULE	9-A
Donation(s)	Received

PAGE 3 OF 4

	101.(3) 110001100			
A.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
				r Tibus,
	City	State	Zip	, , .
8.	Full Name of Donor			Date of Receipt
				M M I D D / Y Y Y
	Mailing Address of Donor	1	Mark of the Bridge	Amount
	City	State	Zip	
c.	Full Name of Donor			Date of Receipt
				M M I D I V V Y
	Mailing Address of Donor			Amount
	City	State	Zip	. ,
D,	Full Name of Donor			Date of Receipt
1		<u> </u>		4 4 7 5 5 7 7 7 7
	Malling Address of Donor			Amount
	City	State	Zip	; ; .
E.	Full Name of Donor			Data of Receipt
	Malling Address of Donor	···		M M / D O / Y Y Y
				Amount
	City	State	Zip	, , .
-Lugare	OTAL of Donations This Page (opi	ation p()		
	100 p. mandata alle fak-	1101 (61)		· • · · · · · · · · · · · · · · · · · ·
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FEC FORM 9 (REV. 12/2007)

sbursement(s) Made or O	Dilgation(s)		
· Full Name (Last, First, Middle Init's	al) of Payee	Date of Disbursement or Obligation	
DMM Media		📗 రీశ్ ప్రి ' సీర్రీత్	
Mailing Address of Payee	1 1 1 1 0 -	Amount	
3299 K Stree	, 62.177.1		
City /	State Zip Code Nash:ng ton DC 20007		
Name of Employer	Occupation 2000 1	Communication Date	
		8 4 05 2008	
Purpose of Diebursement (including Manager - Radio)			
Name of Federal Candidate	Office Sought: X House State: CA	Disbursement/Obligation For:	
Jerry M'Neme,	Senate District: 11	Primary General Other (specify)	
Name of Federal Candidate	Office Sought: House State:	Disbursement/Obligation For:	
	Senate District:	Primary General	
Name of Federal Candidate	Office Sought: House	Other (specify) Disburgement/Obligation For:	
Marua di Lederal Palididara	State;	Primery General	
	District:	Other (specify)	
			
Full Name (Last, First, Middle Initie	i) of Payse	Date of Disbursament or Obligation	
Full Name (Last, First, Middle Inition Mailing Address of Payee	i) of Payse	Date of Disbursament or Obligation	
	State Zip Code	d M 1 D D 1 Y Y Y Y	
Mailing Address of Payee City	State Zip Code	Amount	
Malling Address of Payee		Amount	
Mailing Address of Payee City	State Zip Code Occupstion	Amount , , , . Communication Date	
Mailing Address of Payee City Name of Employer	State Zip Code Occupstion	Amount Communication Date N N V V V V	
Malling Address of Payse City Name of Employer Purpose of Disbursement (including	State Zip Code Occupation I title(s) of communication(s)) Office Sought: House State: Senste District:	Amount Communication Date N M / D D / Y Y Y Disbursement/Obligation For: Primary General	
Mailing Address of Payee City Name of Employer Purpose of Disbursement (including Name of Federal Candidate	State Zip Code Occupation I title(s) of communication(s)) Office Sought: House State: Senste District: President	Amount Communication Date M M / D D / Y Y Y Disbursement/Obligation For: Primary General Other (specify) >	
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Mailing Address of Payee City Name of Employer Purpose of Disbursement (including Name of Federal Candidate Name of Federal Candidate	State Zip Code Occupation I title(s) of communication(s)) Office Sought: House State: Senate District: President House State: Senate Oistrict: Prasident District: Prasident	Amount Communication Date No D	

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FEC FORM 9 (REV. 12/2007)

, 62,177,14

(carry total from last page to Line 10)

SUBTOTAL of Disbursements/Obligations This Page (optional)

TOTAL This Period (last page this line number only)

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.		
Hand Delivered	Date of Receipt	
USPS First Class Mail	Postmarked	
USPS Registered/Certified	Postmarked (R/C)	
T LISPS Priority Mail	Postmarked	
USPS Priority Mail Delivery Confirmation	on [™] 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	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	ipt or Postmarked	
The document preceding this page was received by FAX at the FEC FAX machine has printed at the bottom of each page the date and to phone number of the transmitting machine and the sequential page	ime of receipt, the	
N/A PREPARER (5/2004)	N/A DATE PREPARED	