## FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	Person Making the Disbursements/Obligations	<u> </u>
	(a) Name	
	U.S. Chamber of Commerce	
	(b) Address (number and street) check if different than previously reported 16.15 H Street MW	2. FEC Identification Number
	(c) City, State and ZIP Code Washington, DC 20062	C70004395
	(d) Name of Efficient or Principal Place of Business (a) Occupation	)
	X New 5 g	′ 2 2 ′ ž ò ò 🖔
3.	is This Statement or 4. Covering Period	through
	Amended	' o s ' a o o o
5.	(a) Date of Public Distribution(s) $\ddot{b}$ $\ddot{a}$ $\ddot{o}$ $\ddot{b}$ $\ddot{a}$ $\ddot{o}$ $\ddot{o}$ $\ddot{o}$ $\ddot{o}$ (b) Communication 1	He Burner
6.	The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified i	Nonprofit Corporation (11 CFR 114.10)
	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making commu	nications under 11 CFR 114 15
	[1] A corboration's report of definition to the short corboration the study continue	medions dide in orn 114.13
	(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 bar	
8.	Custodian of Records	# * * · • • • · • · · • · · · · · · · · ·
	(a) Name Rob Engstrom	
	(b) Address (number and street)	·
	1615 H. Street NW	
	(c) City, State and ZIP Code	<del></del>
	Washinston DC 20062	
	Washington DC 20062 (d) Name of Employer or Principal Place of Business (e) Occupation	•
		Part
	U.S. Chamber of Commerce Vie	e Kasidut
9.	Total Donations This Statement	, <b>0</b> . • •
10.	Total Disbursements/Obligations This Statement , 2	3,185,71
	Under penalty of perjury, I certify that this statement is true, correct and complete.	
	TYPE OR PRINT NAME OF PERSON COMPLETING FORM Pol Engstrom	1 1
	SIGNATURE DATE 9	12hz
	DATE -	<del>/*//*</del>
	NOTE: Submission of lakes emonobus of incomplete information may subject the person signing this statemen	f to the penalties of 2 U.S.C. §437g.
		FEC FORM 9 (REV. 12/2007)

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

PAGE 2 OF 4

90	son(s) Sharing/Exercising Control	
A.	(a) Name Rob Engstrom	
	(b) Address (number and street)	
	(c) City, State and ZIP Gode	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
	U.S. Chamber of Commerce	Vice President
<b>B</b> .	(a) Nam B:11 M:11er	
	(b) Address (number and street) 1615 H Street, NW	
	(c) City, State and 2IP Code	
	(d) Name of Employer or Principal Place of Business	(a) Occupation
	U.S. Chambor of Commerce	Sonor Vice President
C.	(a) Name	
	(b) Address (number and street)	
	Li Clat and 710 Code	
	(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
Ē.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employee as Delegant Dines of Ci. Jane	(a) Occupation
	(d) Name of Employer or Principal Place of Business	(e) Occupation

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SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

A	. Full Name of Donor			Date of Receipt	
1	Mailing Address of Donor			-	
				Amount	
	City	State	Zip	, , .	
E	. Full Name of Donor			Date of Receipt	
	Mailing Address of Donor				
İ	Manifig Address of Solid			Amount	
- {	City	State	Zip	1	
				, , ,	
c	Full Name of Donor			Date of Besslet	
1				Date of Receipt	
	Mailing Address of Donor				
-			•	Amount	
Ì	City	State	Zip	†	
٥	Full Name of Donor			Date of Receipt	
				May 1 0 0 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
-	Mailing Address of Donor				
				Amount	
	City	State	Zip	1	
				, , .	
E	Full Name of Donor			Date of Receipt	
				N W ' G D ' A A A A	
ì	Mailing Address of Donor			1	
-				Amount	
	City	State	Zip	, , ,	
j					
SUBTOTAL of Donetions This Page (optional)					
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	(carry total from last page to			, , .	

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FEC FORM 6 (REV. 12/2007)

SCHEDULE 9-E	3			
Disbursement(s)	Made	or	Obligation(	\$)

PAGE 4 OF 4

₩		10		Date of Disburgement or Obligation	
١٨.	Full Name (Last, First, Middle Initial)	of Payes		0 7 2 2 2 0 0 8	
1.	Mailing Address of Payes			0 % 22 2008	
1	Mailing Address of Payee	. ~	1 2.0	Amount	
ì	Mailing Address of Payee  3299 K Street	NW - Sui	k dou	, 23,185.71	
1				, 23,185.	
1.	Washington	DC	20007	Communication Date	
1	Name of Employer	Occupation	n	09'05'2008	
				09 05 2000	
ì	Purpose of Disbursement (including	title(s) of communicat	ian(s))		
1	Burner - Radio A	gl.			
1	Name of Federal Candidate	Office Sought:	House State: WA	Disbursement/Obligation For:	
	2	<u> </u>	Senate District: 08	Primary General	
1	Darcy Burner	<i>'</i> [	President District:	— ☐ Other (specify) →	
1	Name of Federal Candidate	Office Sought:	House State:	Disbursamen/Obligation For:	
1		-	Sanate State.	Primery General	
1			District:	Other (specify)	
1	Name of Federal Candidate	· Office Sought:	1 House	Disbursement/Obligation For:	
1		-	Senate State:	Primary 🔲 General	
			District;	Other (specify)	
<u></u>				Date of Disbursement or Obligation	
B.	Full Name (Last, First, Middle Initial)	of Payee		W M I D D I Y Y Y Y	
١.		<u></u>		<u></u>	
	Mailing Address of Payee			Amount	
.				_	
ı	City	State	Zip Code		
١.			<del></del>	Communication Date	
	Name of Employer	Occupation	חר	N M I D Q I Y Y Y Y	
1.					
Purpose of Disbursement (Including title(s) of communication(s))		,			
١.		· .	<del> </del>		
	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:	
			Senate District:	Primary General	
			President	Other (specify) ▶	
	Name of Federal Candidata	Office Sought:	House State:	Olsbursement/Obligation For:	
1		<u></u>	Senate District:	Primary General	
			President	Other (specify)	
1	Name of Federal Candidate	Office Sought:	House State:	Disbursement/Objigetion For:	
			Senate	Primary General	
			President District:	Other (specify)	
				,	
9	UBTOTAL of Disbursements/Obligation	ns This Page (options	d)d	, ,	
_		*- /			
יד	OTAL This Period (lest page this line		· · · · · · · · · · · · · · · · · · ·	, 23,185,71	
	(carry total from last page to Line 10)				

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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		
	very Confirmation ™ Label		
USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Received from House Records & Registration	Date of Receipt Office		
Received from Senate Public Records Office	Date of Receipt		
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