

**TO FEC  
202-219-0174**

**FROM JUSTIN WILSON  
US CHAMBER OF COMMERCE  
202-463-5532**

**14 PAGES  
4 SEPARATE FEC 9 FILINGS**

28039873317

# 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 C30001101

3. Is This Statement  New or  Amended

4. Covering Period 10/15/2008 through 10/16/2008

5. (a) Date of Public Distribution(s) 10/16/2008 (b) Communication Title 10 Economy

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 0.00

10. Total Disbursements/Obligations This Statement 75,000.

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 10/17

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §487g.

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

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Designated Market Media		<b>Date of Disbursement or Obligation</b> 10/15/2008	
<b>Mailing Address of Payee</b> 3299 K Street NW, Suite 200		<b>Amount</b> 75,000.00	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code</b> 20007	<b>Communication Date</b> 10/16/2008
<b>Name of Employer</b> Occupation			
<b>Purpose of Disbursement (including title(s) of communication(s))</b> ID Economy (TV Ad)			
<b>Name of Federal Candidate</b> Jim Risch	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> ID <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b> Larry LaRocco	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> ID <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>		<b>Date of Disbursement or Obligation</b> M M / D D / Y Y Y Y	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</b> M M / D D / Y Y Y Y
<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> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		75,000.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		75,000.00	

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**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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