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

2. FEC Identification Number: C30001101

(d) Name of Employer or Principal Place of Business

(e) Occupation

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** Various see 9-B

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 1,250,000.00

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: _____ 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. §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: 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

B. (a) Name: Bill Miller
(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: Senior Vice President

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)

A. Full Name (Last, First, Middle Initial) of Payee: Jamestown Associates

Mailing Address of Payee: 5 Mapleton Rd, Ste 300

City: Princeton State: NJ Zip Code: 08540

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 15 / 2008

Amount: 333,000.00

Communication Date: 10 / 16 / 2008

Purpose of Disbursement (including title(s) of communication(s)): Notice a Pattern (TV Ad)

Name of Federal Candidate: Jeanne Shaheen
Office Sought: [ ] House [X] Senate [ ] President
State: NH District: ____
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: Jamestown Associates

Mailing Address of Payee: 5 Mapleton Rd, Ste 300

City: Princeton State: NJ Zip Code: 08540

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 15 / 2008

Amount: 333,000.00

Communication Date: 10 / 16 / 2008

Purpose of Disbursement (including title(s) of communication(s)): Healthier Lives (TV Ad)

Name of Federal Candidate: John Sununu
Office Sought: [ ] House [X] Senate [ ] President
State: NH District: ____
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 10)

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

A. Full Name (Last, First, Middle Initial) of Payee: Jamestown Associates

Mailing Address of Payee: 5 Mapleton Rd Ste 300

City: Princeton State: NJ Zip Code: 08540

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 15 / 2008

Amount: 334,000.00

Communication Date: 10 / 16 / 2008

Purpose of Disbursement (including title(s) of communication(s)): Spending Scheme (TV Ad)

Name of Federal Candidate: Jeanne Shaheen
Office Sought: [ ] House [X] Senate [ ] President
State: NH District: ____
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee: Jamestown Associates

Mailing Address of Payee: 5 Mapleton Rd Ste 300

City: Princeton State: NJ Zip Code: 08540

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 15 / 2008

Amount: 250,000.00

Communication Date: 10 / 16 / 2008

Purpose of Disbursement (including title(s) of communication(s)): Healthy Maine (TV Ad)

Name of Federal Candidate: Susan Collins
Office Sought: [ ] House [X] Senate [ ] President
State: ME District: ____
Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: ____ District: ____
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1,250,000.00
(carry total from last page to Line 10)

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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.

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