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(b) Address (numb	er and street) [check Street, NW	k if different than previously reported	2. FEC Identification Number
(c) City, State and	ZIP Code		C30001101
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9. Is This Statem	ent <sub>of</sub>	4. Covering Period	
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	Amended		
_	Distribution(s)	Unincorporated Organization (c)	tion Title <u>Spendty Scheme</u> ified Nonprofit Corporation (11 CFR 114.10)
6. The filer is a(n):	Distribution(s) 02	2 2 <u>2 2 2008</u> (b) Communica	tion Title <u>Spendty Scheme</u> ified Nonprofit Corporation (11 CFR 114.10)
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e a	dditional pages as necessary)			
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<b>A</b> .	(a) Name	· · · · ·		•
	Kob Enstrom			
1	(b) Address (number and street)	Ale	_ /	
1	(c) City, State, and ZIP Code	, /vW		
		DC 20062		
	(d) Name of Employer or Principal Place	a of Business	(e) Occupation	
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┢	(a) Name	r ~ commarce	VILL LILSIA	un 1
<b>P</b> .	(a) Name Bill Millar			
ł	(b) Address (number and street)			
	1615 H Stra	et NW		
	(c) City, Stete and ZIP Code			
[	(d) Name of Employee or Principal Place	× 20062		<u> </u>
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	U.S. Chamber	2 Commerce	Santor Vill	President
C.	(a) Name			
	(h) Add man (h) (m) has used street)			
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	(c) City, State and ZIP Code			
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	(d) Name of Employer or Principal Plac	e of Business	(e) Occupation	

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PAGE 3 OF 3

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial)	of Pavea	·····	Date of Disburgement or Obligation						
Jamestown Associa		a na san sa	04 05 2008						
Mailing Address of Payee	Amount								
City									
Wash inston	ashington DC 20036		Communication Date						
Name of Employer			<b>-</b>						
			09 22 2008						
Purpose of Disbursement (including	··· /	tion(s))							
Spending Scheme	-TV Ad	· · · · · · · · · · · · · · · · · · ·							
Name of Federal Candidate	Office Sought:	House State: <u>NH</u>	Disburgement/Obligation For:						
Jeanne Shaheen	<u>لا</u>	Senate District:	Primary X General						
		President	Other (specify)						
Name of Federal Candidata	Office Sought:	House State:	Disbursement/Obligation For:						
· ·		District:							
{	L	President	Other (specify)						
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:						
		Senate District:	Primary General						
		President	Other (specify)						
B. Full Name (Last, First, Middle Initial)	of Payee	·	Date of Disbursement or Obligation						
	•								
Malling Address of Payee			• ·						
	·								
City	State	Zip Code	· · · · ·						
Name of Employer	Occupați	ion	(M.R.M. )						
Purpose of Disbursement (Including 1	itle(s) of communicat	llon(s))							
Name of Federal Candidate	Office Sought:	House State:	Disbursament/Obligation For.						
<u> </u>	F	Senate							
{		District:	Other (specify)						
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:						
	F	Senale	Primary General						
)		District:	Other (specify)						
Name of Federal Candidate	Office Sought:	House State:	Disbursement/Obligation For:						
	l l	Senate	Primary General						
		President District:	Other (specify)						
SUBTOTAL of Disburgements/Obligations This Page (optional)									
TOTAL This Period (last page this line	number only)		750,00000						
(carry total from last page to Line 10)									

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SCHEDULE 9-B

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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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Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
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Received from Senate Public Records Office	Date of Receipt					
Received from Electronic Filing Office	Date of Receipt					
Date of Re Other (Specify):	ceipt or Postmarked					
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N/A PREPARER (5/2004)	N/A DATE PREPARED					

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