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: 09 29 2008 through 10 03 2008

5. (a) Date of Public Distribution(s): 10 03 2008 (b) Communication Title: Spending Scheme

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: 500,000.00

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: 10/2

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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

PAGE 2 OF 3

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 — (e) Occupation
U.S. Chamber of Commerce — 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 — (e) Occupation
U.S. Chamber of Commerce — 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

28039843404

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

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee
James town Associates

Mailing Address of Payee
5 Mapleton Rd. Suite 300

City: Princeton State: NJ Zip Code: 08540

Name of Employer: Occupation:

Date of Disbursement or Obligation: 09 29 2008

Amount: ,500,000.00

Communication Date: 10 03 2008

Purpose of Disbursement (including title(s) of communication(s)): TVA - Spending Scheme

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

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

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation: M M / D D / Y Y Y Y

Amount

Communication Date: M M / D D / Y Y Y Y

Purpose of Disbursement (including title(s) of communication(s))

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

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 500,000.00
(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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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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