#### U.S. Chamber of Commerce

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Date: September 11, 2008

Pages: 5 (including cover sheet)

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 $(f(x),y^{k}) = (f(x),y^{k})$ 

### **FEC FORM 9**

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

| 1. Per         | son Making the Disbursements/Obligations  |                                      |
|----------------|---|--------------------------------------|
|                | Name  |                                      |
|                | Address (number and street) check if different than previously reported   |                                      |
| (b)            | Address (number and street) check if different than previously reported  16.15 K Street MW  | 2. FEC Identification Number         |
|                | City, State and ZIP Code  | C70004395                            |
| 4.0            | Washington, DC 20062  Name of Employer or Principal Place of Business (e) Occupation  |                                      |
| (0)            | Name of Enfologer or Principal Place of Business (e) Occupation   |                                      |
| _              | . /   | , D D ' / Y Y Y                      |
|                | •   | 22 2000                              |
| 3. is '        | This Statement or 4. Covering Period  | through                              |
|                | Amended 0 1   | 12 2008                              |
| 5. (a) C       | Pate of Public Distribution(s) 0 1 1 2 2 2 0 0 8 (b) Communication Ti   | tle Taxas                            |
| 6. The         | filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified N   | onprofit Corporation (11 CFR 114.10) |
| (b)            | Corporation, Labor Organization or Qualified Nonprofit Corporation making commun  | nications under 11 CFR 114.15        |
| (e)            | _ ·   |                                      |
|                | ne filer is an individual, unincorporated organization or qualified nonprofit c<br>re the disbursements made exclusively from donations to a segregated ban |                                      |
| 8. Cue         | todian of Records   |                                      |
| (a)            | Name Rob Engstrom   |                                      |
| (b)            | Address (number and strest)   |                                      |
|                | [6 S H. Street, NW City, State and ZIP Code   |                                      |
| (c)            | City, State and ZIP Code  |                                      |
| <del>(4)</del> | Washington DC 20062  Name of Employer or Principal Place of Business (e) Occupation   |                                      |
| (4)            |   | . President                          |
|                |   | 2 D O                                |
| 9. Tota        | of Donations This Statement   | , 0.                                 |
| 0. Tota        | al Disbursements/Obligations This Statement 3 8   | ,624.00                              |
| Unde           | er penalty of perjury, I certify that this statement is true, correct and complete.   |                                      |
| TYPE           | OR PRINT NAME OF MERSON COMPLETING FORM Rob Engstron  | · •                                  |
|                | 11/1/   | . 10                                 |
| ;              | SIGNATURE DATE  | 11/0 !                               |
|                | MOTO Caballana della  | · · · ·                              |

FEC FORM 9 (REV. 12/2007)

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

PAGE 2 OF 4

| Rob Engstrom  s (number and street)  of S H Street NW  ata and ZIP Code  Jashington Dr. 20062  of Employer or Principal Place of Business  S: Unamber of Commence  S: Uniform Dr. 20062  of (number and street)  of Employer or Principal Place of Business  of Chamber of Commence  of (number and street) | (a) Occupation Vice President  (a) Occupation Sancor Vice President |
|---|---|
| ate and ZIP Code  Jashington DC 20062  If Employer or Principal Place of Business  S. Chamber of Commerce  S. II M: [lar  Is (number and street)  S. H. Street, NW  ate and ZIP Code  Shington DC 20062  If Employer or Principal Place of Business  Chamber of Commerce                                    | Vrce President  (a) Occupation                                      |
| Signature of Commerce  Shington DC 20062  femployer or Principal Place of Business  Chamber of Commerce  Chamber of Commerce  | Vrce President  (a) Occupation                                      |
| S: Unamber of Commerce S: U M: (lar s (number and street)  S H Street, NW  ats and ZIP Code  Shinten DC 20062  f Employer or Principal Place of Business  Chamber of Commerce   | Vrce President  (a) Occupation                                      |
| S: Unamber of Commerce S: U M: (lar s (number and street)  S H Street, NW  ats and ZIP Code  Shinten DC 20062  f Employer or Principal Place of Business  Chamber of Commerce   | Vrce President  (a) Occupation                                      |
| S: 11 M: (lar s (number and street)  S  | (a) Occupation  |
| 5 H Street, NW  ate and ZIP Code  Shinton DC 20062  f Employer or Principal Place of Business  Chamber of Commerce  |   |
| ste and ZIP Code Shington DC 20062 f Employer or Principal Place of Business c. Chamber of Commerce   |   |
| . Chamber of Commerce   |   |
| . Chamber of Commerce   | Sonior Vice President   |
|   | <i>BANGEY</i> VII.C 1.11  |
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FEC FORM 9 (REV. 12/2007)

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 4

|            | (IOII(3) I(GOGIFEG               |               |                                       |   |
|------------|----------------------------------|---------------|---------------------------------------|---|
| A          | Full Name of Donor               |               |                                       | Date of Receipt                                   |
|            | _                                |               |                                       | 4 # 1 0 G 1 Y Y Y                                 |
| ı          | Mailing Address of Donor         |               |                                       |   |
| İ          |                                  |               | ·                                     | Amount  |
| ŀ          | City                             | State         | Zip                                   |   |
| - 1        | ·,                               | <b></b>       |                                       | ; ; ·   |
|            |                                  |               | erado e e                             |   |
| В.         | Full Name of Donor               |               |                                       | Date of Receipt                                   |
| - 1        |                                  |               |                                       | M w / 0 0 1 7 7 7 7                               |
| - 1        |                                  |               |                                       |   |
| - 1        | Malling Address of Donor         |               |                                       |   |
| - 1        |                                  |               |                                       | Amount  |
|            |                                  |               | * ****                                |   |
| - (        | City                             | State         | Zip                                   |   |
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|            |                                  |               |                                       |   |
| lc.        | Full Name of Donor               |               |                                       |   |
| 1 -        |                                  |               |                                       | Date of Receipt                                   |
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| - 1        | AA III - AA daa- (Daa-           |               | <del></del>                           |   |
| ł          | Malling Address of Donor         |               |                                       |   |
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| ١_         |                                  |               |                                       |   |
| ĮD.        | Full Name of Donor               |               |                                       | Date of Receipt                                   |
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| - 1        | Mailing Address of Donor         |               |                                       |   |
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| 4          |                                  |               | بيري ووروسان دي                       | Amount  |
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| 1 =        | Full Name of Donor               |               |                                       |   |
| <b>E</b> . | Full Name of Donor               |               |                                       | Date of Receipt                                   |
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|            |                                  |               |                                       |   |

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

PAGE 4 OF 4

|   |  | كالتربيبة كالباكات الأرباك المستهالين             |  |  |
|---|--|---|--|--|
| A. Full Name (Lest, First, Middle Initial) of Payee         |  | Date of Diabursement or Obligation                |  |  |
| DMM Media   |  | 08'22'2008  |  |  |
| Mailing Address of Payee                                    |  | Amount  |  |  |
| 3299 K Street, NW s   | - Suite 200  | 38.624.00   |  |  |
|   |  |   |  |  |
| Name of Employer O  | CCUpation 20007  | Communication Date                                |  |  |
| Name of Employer  | Capation   | 04' 12' 2008                                      |  |  |
| Purpose of Disbursement (Including title(s) of com-         | Purpose of Disbursement (Including title(s) of communication(s)) |   |  |  |
| Taxes - Radio Ad  |  |   |  |  |
| Name of Federal Candidate Office Sou                        | ght: House State: 1/H  | Disbursement/Obligation For:                      |  |  |
| Carol Shea-Porter   | Senate Dietrict: D(  | Primary General                                   |  |  |
|   | President  | Other (specify)                                   |  |  |
| Name of Federal Candidate Office Sou                        | ght: House State: 1/H  | Disbursement/Obligation For: Primary X General    |  |  |
| Jeb Bradley   | Senate District: Dt  |   |  |  |
|   | President  | Other (specify)                                   |  |  |
| Name of Federal Candidate Office Sou                        | State:   | Disbursement/Obligation For: Primary General      |  |  |
|   | Senate District:   | Other (specify)                                   |  |  |
|   | President  | Date of Diabursement or Obligation                |  |  |
| B. Full Name (Last. First, Middle Initial) of Payee         |  | M N , D D , A A A A A DIRECTION OF CONTRACTOR     |  |  |
| Nelling Address of Days                                     |  |   |  |  |
| Mailing Address of Payee                                    |  | Amount  |  |  |
| City  | ate Zip Code   | , , .   |  |  |
|   | We want the state of   |   |  |  |
| Name of Employer Oc   | cupation   | Communication Dets                                |  |  |
| H M I B O I V V V V   |  |   |  |  |
| Purpose of Disbursement (Including title(s) of comm         | nunication(s))   |   |  |  |
|   |  |   |  |  |
| Name of Federal Candidate Office Soug                       | ht: House State:   | Disbursement/Obligation For:                      |  |  |
|   | Senste District:   | Primary General                                   |  |  |
|   | President  | Other (specify)                                   |  |  |
| Name of Federal Candidate Office Spug                       | State;   | Olsbursement/Obligation For: Primary General      |  |  |
|   | Senate District:   |   |  |  |
| Name of Federal Candidate Office Soug                       | President  ht: House   | ☐ Other (specify) ►  Disbursement/Obligation For: |  |  |
| - Ind dug   | State:   | Primary General                                   |  |  |
|   | President District:  | Other (specify)                                   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
| SUBTOTAL of Disbursements/Obligations This Page (optional): |  |   |  |  |
| TOTAL This Period (last page this line number only)         |  |   |  |  |
| TOTAL This Period (lest page this line number only)         | ••   | , 58,624,00                                       |  |  |
| (carry total from last page to Line 10)                     | · · · · · · · · · · · · · · · · · · ·                            |   |  |  |

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