



**FACSIMILE TRANSMITTAL**

**Deliver to:** Federal Election Commission

**Tel:**  
**Fax:** 800-426-2626

**From:** Bryant Adams  
US Chamber of Commerce  
**Tel:** (202) 463-5749  
**Fax:** (202) 887-3443

**Date:** August 28, 2008

**Pages:** 5 (including cover sheet)

**Comments:**

**Please confirm receipt of FEC Form 9 via phone or email: [badams@uschamber.com](mailto:badams@uschamber.com)**

28039822706

# 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

C70004315

### 3. Is This Statement

☒ New

or

☐ Amended

### 4. Covering Period

08/22/2008

through

08/27/2008

### 5. (a) Date of Public Distribution(s)

08/27/2008

(b) Communication Title

Tape

### 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

(e) Occupation

U.S. Chamber of Commerce

Vice President

### 9. Total Donations This Statement

### 10. Total Disbursements/Obligations This Statement

299,195.00

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

8/28/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 5437g.

FEC FORM 9 (REV. 12/2007)

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

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

PAGE 4 OF 4

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br><u>Revolution Media Group</u>   |  |  |  | <b>Date of Disbursement or Obligation</b><br><div style="border: 1px solid black; padding: 2px;">08/22/2008</div> |  |
| <b>Mailing Address of Payee</b><br><u>1090 Vermont Ave NW - Suite 230</u>   |  |  |  | <b>Amount</b><br><div style="border: 1px solid black; padding: 2px;">299,195.00</div>                             |  |
| <b>City</b><br><u>Washington</u>  |  | <b>State</b><br><u>DC</u>  |  | <b>Zip Code</b><br><u>20005</u>   |  |
| <b>Name of Employer</b><br>   |  |  |  | <b>Occupation</b><br>   |  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br><u>Tape - Television Ad</u>  |  |  |  |   |  |
| <b>Name of Federal Candidate</b><br><u>Al Franken</u>   |  | <b>Office Sought:</b><br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President |  | <b>State:</b> <u>MT</u><br><b>District:</b> _____   |  |
| <b>Disbursement/Obligation For:</b><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |  |  |   |  |
| <b>Name of Federal Candidate</b><br>  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                       |  | <b>State:</b> _____<br><b>District:</b> _____   |  |
| <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |  |  |   |  |
| <b>Name of Federal Candidate</b><br>  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                       |  | <b>State:</b> _____<br><b>District:</b> _____   |  |
| <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |  |  |   |  |
| <b>B. Full Name (Last, First, Middle Initial) of Payee</b><br>  |  |  |  |   |  |
| <b>Mailing Address of Payee</b><br>   |  |  |  |   |  |
| <b>City</b><br>   |  | <b>State</b><br>   |  | <b>Zip Code</b><br>   |  |
| <b>Name of Employer</b><br>   |  |  |  | <b>Occupation</b><br>   |  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br>   |  |  |  |   |  |
| <b>Name of Federal Candidate</b><br>  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                       |  | <b>State:</b> _____<br><b>District:</b> _____   |  |
| <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |  |  |   |  |
| <b>Name of Federal Candidate</b><br>  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                       |  | <b>State:</b> _____<br><b>District:</b> _____   |  |
| <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |  |  |   |  |
| <b>Name of Federal Candidate</b><br>  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                       |  | <b>State:</b> _____<br><b>District:</b> _____   |  |
| <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |  |  |   |  |
| <b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>   |  |  |  |   |  |
| <b>TOTAL This Period (last page this line number only)</b><br>(carry total from last page to Line 10)   |  |  |  |   |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">299,195.00</div>   |  |  |  |   |  |

28039822709

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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| <input type="checkbox"/> USPS Express Mail                                 | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                |   |
| <input type="checkbox"/> No Postmark                                       |   |
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| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt   |
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N/A  
PREPARER

N/A  
DATE PREPARED

(5/2004)

28039822710

**International Strategy Group, LLC**

444 West Ocean Blvd., Suite 1020, Long Beach, California 90802  
Tel: 562.951.9736 • Fax: 562.951.9742 • info@internationalstrategycorp.com

**FAX COVER SHEET**

|  |  |
|--|--|
| <b>TO: Federal Election Commission</b>                   | <b>Fax Number: 202-219-0174</b>        |
| <b>FROM: Sooz Sovern</b><br>On behalf of John E. Wade II | <b>DATE: Thursday, August 28, 2008</b> |
| <b>Re: FEC Form 5</b>                                    |  |
| <b>No. of Pages including cover sheet : 3</b>            |  |

If you have any questions or require additional information, please do not hesitate to contact me at 562-951-9736.

28039822711

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

|  |  |   |
|--|--|---|
| 1. (a) Name of Individual, Organization or Corporation<br><b>John E. Wade II</b>   |  | 3. FEC Identification Number<br><div style="border: 1px solid black; padding: 2px;">C</div> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br><b>1225 2nd Street</b>       |  |   |
| (c) City, State and ZIP Code<br><b>New Orleans, LA 70130</b>   |  |   |
| 2. Corporate filers only<br>Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| Individual filers only<br>Name of Employer<br><b>Self-Employed</b>   |  | Occupation<br><b>Author &amp; Philanthropist</b>  |

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report  
☐ 24-Hour Report  
☒ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

01 / 01 / 2008  
 THROUGH  
 08 / 29 / 2008

## 6. TOTAL CONTRIBUTIONS

## 7. TOTAL INDEPENDENT EXPENDITURES

10,756.20

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

John E. Wade II

8/28/08

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9630, Local 202-684-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1 OF 1  
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

John E. Wade II

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

Highwire Advertising Design

Date

08 / 02 / 2008

Mailing Address

P.O. Box 500817

Amount

534500

City

Atlanta

State

GA

Zip Code

70130

Purpose of Expenditure

Website Development

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Calendar Year-To-Date Per Election  
for Office Sought

534500

Disbursement For:

☐ Primary☒ General☐ Other (specify) \_\_\_\_\_

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

Livingston, Patricia

Date

08 / 05 / 2008

Mailing Address

1502 Jena St.

Amount

143750

City

New Orleans

State

LA

Zip Code

70115

Purpose of Expenditure

Campaign Materials

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Calendar Year-To-Date Per Election  
for Office Sought

143750

Disbursement For:

☐ Primary☒ General☐ Other (specify) \_\_\_\_\_

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

International Strategy Group, LLC

Date

08 / 28 / 2008

Mailing Address

444 W. Ocean Blvd., Suite 1020

Amount

397370

City

Long Beach

State

CA

Zip Code

90802

Purpose of Expenditure

Campaign Materials

Category/  
Type

Office Sought:

☐ House

State: \_\_\_\_\_

☐ Senate

District: \_\_\_\_\_

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

John McCain

Calendar Year-To-Date Per Election  
for Office Sought

397370

Disbursement For:

☐ Primary☒ General☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures

1075620

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures  
(carry total from last page forward to Line 7)

1075620

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Federal Election Commission  
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| <input type="checkbox"/> USPS Express Mail                                 | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                |   |
| <input type="checkbox"/> No Postmark                                       |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date   |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt   |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt   |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt   |
| <input checked="" type="checkbox"/> Other (Specify):                       | Date of Receipt or Postmarked                                       |

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N/A  
PREPARER

N/A  
DATE PREPARED

(5/2004)

28039822714