U.S. Chamber of Commerce

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FACSIMILE TRANSMITTAL

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US Chamber of Commerce

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Date: August 28, 2008

Pages: 5 (including cover sheet)

Comments:

Please confirm receipt of FEC Form 9 via phone or email: badams@uschamber.com

TO THE FEE DISCUSSION

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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)	2. FEC Identification Number
(c) City, State and ZIP Code	C70004315
Washington, DC 20062	0,200,93,25
(d) Name of Employer or Principal Place of Business (e) Occ	upation
3. Is This Statement or 4. Covering Period	8 6 1 2 2 2 0 0 8 through
Amended with	D 8 27 2008
5. (a) Date of Public Distribution(s) 0 8 2 7 2 0 0 8 (b) Communication	
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qual	ifled Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making or	
	Similatications under 11 OFR 114.15
(e): Other, specify:	
7. If the filer is an individual, unincorporated organization or qualified nonpowers the disbursements made exclusively from donations to a segregate	
8. Custodian of Records	
(a) Name Rob Engstrom	
1615 H Street, NW	
(c) City. State and ZIP Code Washington DC 20062 (d) Name of Employer of Principal Place of Businese (e) Occ	
(d) Name of Employer of Principal Place of Business (e) Occ	upadon
U.S. Chamber of Commerce	Vice President
9. Total Donations This Statement	enterente, en la comprese. La comprese de la co
10. Total Disbursements/Obligations This Statement	99,19,5.00
Under penalty of penury, I contry that this statement is true, correct and complete.	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob England	
	
SIGNATURE	8128108
The state of the s	
NOTE: Submission of false, erronsous or incompliate information may subject the person signing this st	atoment to the penalties of 2 U.S.C. 5437g.
	FEC FORM 8 (REV. 12/2007)
property of the second of the	·

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

PAGE 205 4

er:	son(s) Sharing/Exercising Control	
A.	(a) Name Rob Engstrom (b) Address (number and street)	
	(c) City. Signs and ZIP Code	
	(d) Name of Employer Principal Place of Business	
		(e) Occupation
	U.S. Chamber of Commonce	Vice President
B.	(a) Name Bill Miller	
	(b) Address (number and street) 1615 H Street, NW (c) City State and ZIP Code	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
	U.S. Chamber of Commerce	Senior Vice President
C.	(a) Name	Correction
	(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	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(a) 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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FEC FORM 9 (REV. 12/2007)

SCHEDULE 9-B	}	•
Dishursement(s)	Made or	Obligation(s)

PAGE 4 OP4

	والمتنافية والمنافقة والمن					
A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation					
Revolution Media Broop	08 22 2008					
Mailing Address of Payee	Amount					
1090 Vermont Ave NW - Swite 230	,2,9,9,1,95,00					
City State Zip Code	42,7,74 (.7,31					
Washington DC 20005	Communication Date					
Name of Employer Occupation	08 27 2008					
Purpose of Diabursement (Including title(s) of communication(s))						
Tape - Television Ad						
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General					
Al Franken District:	Other (specify)					
News of Suday Condidate Office Squares House	Disbursement/Obligation For:					
Name of rederal Candidate Chice Sought: House State:	Primary General					
President District:	Other (specify)					
Name of Federal Candidate Office Sought: House	Disbursement/Obligation For:					
Senate State:	Primary General					
President District: ———	Other (specify)					
D. Cuit Name II and Clast Addella Initially of Prope	Date of Disbursement or Obligation					
B. Full Name (Last, First, Middle Initial) of Payee	Mam. / 030 / V V V					
Mailing Address of Payee	and the second of the second o					
	Amount					
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	Communication Date					
Name of Employer Occupation	M M , A 1 6 1 7 1 V 1 V 1 V 1 V 1					
	green and the second second					
Purpose of Disbursement (Including title(s) of communication(s))						
Name of Federal Cendidate Office Sought: House State:	Disbursement/Obligation For:					
Senate District:	Primary General					
Name of Federal Candidate Office Sought: House	Other (specify)					
Name of Federal Candidate Office Sought: House State;	Disbursement/Obligation For: Primary General					
President District:	Other (specify)					
Name of Federal Candidate Office Sought House	Disbursement/Obligation For:					
State:	Primary General					
President District:	Other (specify)					
grande de la Maria de la Carlo de la C Antala de la Carlo de la Ca	grande de la faction de la companya della companya					
SUBTOTAL of Disbursements/Obligations This Page (optional)						
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TOTAL This Period (last page this line number only)	, 2 9 9, 1, 9 5, 5					
(carry total from last page to Line 10)						

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FEC FORM 9 (REV. 12/2007)

P.04

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate	
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USPS Priority Mail Delivery Confir	mation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
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N/A PREPARER (5/2004)	N/A DATE PREPARED



International Strategy Group, LLC

444 West Ocean Blvd., Suite 1020, Long Beach, California 90302
Tel: 562.951.9736 ◊ Fax: 562.951.9742 ◊ info@internationalstrategygroup.com

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

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

self-statistic operation

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	7
John E. Wade ij	
(b) Address (number and street) check if different than previously reported	1
1225 2nd Street	
(c) City, State and ZIP Code	3. FEC Identification Number
New Orleans, LA 70130	
2. Corporate filers only	C
Is the filer a qualified nonprofit corporation? Yes No	
individual filere only Name of Employer	Оссиратоп
Self-Employed	Author & Philanthropist
4. TYPE OF REPORT (check appropriate boxos):	
(a) April 15 Quarterly Report	
☐ July 15 Quarierly Report	
☐ 24-Hour Report ☐ October 15 Quarterly Report	
□ January 31 Year-End Report 25 42-Hour Report	
b) Is this Report an amendment? Yes \(\text{No \(\text{X} \)} \) S. COVERING PERIOD: FROM THROUGH \[\text{0 8 \(\text{2 9 \(\text{2 0 0 8 \(\text{8 \(\text{8 \(\text{2 0 0 8 \(\text{8 \(\text{9 \(\text{8 \(\text{9 \(\text{8 \(\text{9 \(\text{8 \(\text{9 \(\text{8 \(\) \} \\ 8 \(\text{8 \(\text{8 \(\text{8 \(\text{8 \(\) \\ \text{8 \(\text{8 \(\text{8 \(\text{8 \(\text{8 \(\tex{8 \(\text{8 \(\)	
A COURT OF THE PERSON OF THE P	es promusé muse. White dudden. The and debugging marks.
7. TOTAL INDEPENDENT EXPENDITURES	1,0,7,5,6,2,0
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation auggration of, any candidate or authorized committee or agent of ethor, or any political party committee or its egent. In edi-	Stilon, (if the independent expenditures reported
herein were made by a corporation) I cordly that the corporation is a qualified nonprofit corporation under the Commission's	regulations.
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	DATE
John E. Wade II	8/28/08
NOTE: Submission of lates, arraneous or incomplete information may subject the person signing this report to	
For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20468 Toll Free 800-424-3530, Local 202-	684-1100
i America Countriis Antististametii dana <i>ir An</i> And istiss ^e sadmittillineti evan Casano - saist sad <i>Oria aggaggi</i> - papes cat.	

FEC Schedule 6 (REV. pagage)

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SCHEDULE 5-E	•	• •						
TEMIZED INDEPENDENT EXPENDE	TURES				PAGE 1	OF 1 7 OF FORM 5		
NAME OF FILER (In Full)						~		
John E. Wade II								
Full Name (Last First Middle Initial) of Pa	yee			Date				
Highwire Advertising De	sign			\$0 8	ि १ हे बहु है।	³ Zedebede		
Mading Address	5.27			**************************************	10 2	2008		
P.O. Box 500817	·			Amount				
City	State	Zip Code			5,3	4 5 0 0		
Atlanta	GA	70130						
Purpose of Expenditure		Category/ Type	Office	Sought	Senate	State:		
Website Development Name of Federal Candidate Supported or	Opposed by Emendi	Challeton			X President	Obtrict:		
John McCain	Opposite Dy Exposite		Choci	(One:	X Support	Орросо		
	المالية	(MATOWAY CHARACTER AND	Disbu	zement F	or: Primary	General		
Calendar Year-To-Date Per Election for Office Sought		5, 3, 4, 5, 0, 0			(specify)	(X)		
Full Name (Last, First, Middle Initial) of Pa			<u> </u>	Date				
					er , <i>de</i> rener ,			
Livingston, Patricia Maing Address	<u> </u>			08 05 2				
1502 Jena St				Amount				
City	State	Zip Code		j J		3 7 5 0		
New Orleans	LA	70115		خصور				
Purpose of Expenditure		Category/	Office	Sought	House	State:		
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John McCain		restance of the second						
Calendar Year-To-Date Per Election for Office Sought	The state of the s	1,4 3 7,50	Dispui	rsement F		General		
Full Name (Last, First, Middle (hitial) of Pa		- the state of the	Other (specify)					
HUM NAME (CAST, PUSC, MICCIO INDES) OT PA	r ydo			Date Transcri	.			
International Strategy Gro	oup, LLC	_ 		0.8	2 8	2008		
				Amount				
City City Ocean Blvd., Suite	\$ 1020 \$ tota	Zp Code						
Long Beach	GA	90802	}	<u>ئىسلىدۇ</u>	<u> </u>	7,3,7,0		
Purpose of Expenditure		Category/	Office	Sought	House	Stato:		
Campaign Materials		Type			Senate	District		
Name of Foderal Candidate Supported or	Opposed by Expendi	turo:	6	. 0	Y Support	Оррозе		
John McCain				COne:				
Calendar Year-To-Date Per Election	The second second	3,973,70	Disbu	rsoment F	·	General		
for Office Sought	<u>ئىنىڭىنىن</u>			Other	(specify) >			
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(b) SUBTOTAL of Uniternized Independent	Expend bins) Jac-Ficos-124	mily conclusion of the second	*		
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(o) TOTAL Independent Expenditures (carry total from last page forward			٠ -		1.0	7 5 6 2 0		
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FAX NO. :

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FEC Schedule 6 (Per. 03/2009)

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USPS Priority Mail	Postmarked
Delivery Confirms	
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
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N/A PREPARER	N/A DATE PREPARED

(5/2004)