



**FACSIMILE TRANSMITTAL**

**Deliver to:** Federal Election Commission

**Tel:**  
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**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)**

28039822716

# 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

C70004395

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 Healthy Minnesota

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

19,946.30

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. §437g.

FEC FORM 9 (REV. 12/007)

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

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**11. Person(s) Sharing/Exercising Control**

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

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**SCHEDULE 9-A**  
**Donation(s) Received**

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<p><b>A. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>B. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>C. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>D. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>E. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>

**SUBTOTAL of Donations This Page (optional)** .....

\_\_\_\_\_

**TOTAL This Period (last page this line number only)** .....  
(carry total from last page to Line 9)

\_\_\_\_\_

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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> Revolution Media Group				<b>Date of Disbursement or Obligation</b> 08 / 22 / 2008	
<b>Mailing Address of Payee</b> 1090 Vermont Ave, NW - Suite 230				<b>Amount</b> 199,463.00	
<b>City</b> Washington		<b>State</b> DC		<b>Zip Code</b> 20005	
<b>Name of Employer</b> .		<b>Occupation</b> .		<b>Communication Date</b> 08 / 27 / 2008	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> Healthy Minnesota - television ad					
<b>Name of Federal Candidate</b> Norm Coleman		<b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> .		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> .		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> .					
<b>Mailing Address of Payee</b> .					
<b>City</b> .		<b>State</b> .		<b>Zip Code</b> .	
<b>Name of Employer</b> .		<b>Occupation</b> .		<b>Date of Disbursement or Obligation</b> . / . / .	
<b>Purpose of Disbursement (including title(s) of communication(s))</b> .					
<b>Name of Federal Candidate</b> .		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> .		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> .		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <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> ▶ (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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<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
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A  
PREPARER

N/A  
DATE PREPARED

(5/2004)

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