U.S. Chamber of Commerce

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Bryant Adams

US Chamber of Commerce

Tel: (202) 463-5749 Fax: (202) 887-3443

Date:

August 28, 2008

Pages:

5 (including cover sheet)

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

FEC FORM 9

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24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

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1. Person Making the Disbursements/Obliga	tions	
(a) Name		
(b) Address (number and street) gheck if different	AN EVEL ant than previously reported	
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(c) City, State and ZIP Code		C10004315
Washington, DC 2001		and the second state of the second of the se
(d) Name of Employer or Principal Place of Business	(e) Occups	ation .
		
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3. Is This Statement pr	4. Covering Period	through
Amended	* D	8 28 2008
5. (a) Date of Public Distribution(s)	8 2008 (b) Communication	on Title Notice A Pattan
6. The filer is s(n): (a) Individual (b) Unin	corporated Organization (c) Qualifie	nd Nonprofit Corporation (11 CFR 114.10)
(d) : Corporation, Labor Organization or Qua		
•		
(e) Other, specify:		
7. If the filer is an individual, unincorporate were the disbursements made exclusive		
8. Custodian of Records		
(a) Name Rob Engstrom		
(h) Address (number and street)		
1615 H Street, NI	<i>N</i>	
(d) Name of Employer of Principal Place of Businese	.0062	
	(e) Occupa	
U.S. Chamber of Co	mware V	ice President
9. Total Donations This Statement		
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io. Total Disbursements/Obligations This Sta	itement 3 4	, 5, 0 <i>3 8</i> , 0° °
Under penalty of perjury, I certify that this statemen	nt is true, correct and complete.	
TYPE OR PRINT NAME OF PERSON COMPLETING F	015.1	
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NOTE: Submission of latse, proneaut or hoomplele	information may subject the person signing this states	nent to the penelties of 2 U.S.O. \$437g.
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I 6 15 H Street, NW Ity, State and ZIP Code Washington DC 20062 Jame of Employer or Principal Place of Business U.S. Chamber of Commerce Jame Address (number and street) Ity, State and ZIP Code	Sensor Vice President
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SCHEDULE 9-A	

PAGE 3 OF 4

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SCHEDULE 3-R			
Disbursement(s)	Made or	Obligation(s)

PAGE 4 OF4

Ā	- Full Name (Last, First, Middle Initia) of Payee		Date of Diabursement or Obligation
	Jamestown Associates			0 8 2 2 1 200 8
	Mailing Address of Payee	41.4	+ 700	Amount
١	113 3 111	//W - >	Zip Code	365,038.00
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1				08 24 2008
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l	Name of Federal Candidate	Office Sought:	House State: NH	Disbursement/Obligation For. Primary General
1	Jeanne Shaheer		District:	
			President	Other (specify) Disbursement/Obligation For:
1	Name of Federal Candidate	Office Sought:	House State:	Primary General
		-	Senate District:	Other (specify)
1	Name of Federal Candidate	Office Sought:	President	Disbursement/Obligation For:
	149116 OL 1 GOC. CL GOMMICONO		State:	Primary General
1		F	President District:	Other (specify)
-	Will Alama Mark The Alberta la Wal) of Down		Date of Disbursement or Obligation
18.	. Full Name (Last, First, Middle Initial) or Payee		M M 0 0 1 Y Y Y Y
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1			President District:	Other (specify) >
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			President	Other (specify) >
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