



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

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

C 20004395

3. Is This Statement

New

or

Amended

4. Covering Period

08' 22' 2008

through

08' 28' 2008

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

08' 28' 2008

(b) Communication Title

Notice A Patten

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

U.S. Chamber of Commerce

(e) Occupation

Vice President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

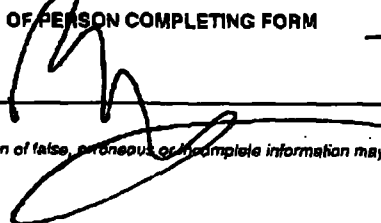
365,038.00

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. §437g.

FEC FORM 9 (REV. 12/2007)

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

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 |

00177166000

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

| | |
|---|--|
| <p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> |
| <p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> |
| <p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> |
| <p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> |
| <p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p> | <p>Date of Receipt</p> <p>MM / DD / YYYY</p> <hr/> <p>Amount</p> |

| | |
|--|--------------|
| <p>SUBTOTAL of Donations This Page (optional)</p> | <p>.....</p> |
| <p>TOTAL This Period (last page this line number only) (carry total from last page to Line 9)</p> | <p>.....</p> |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) of Payee <i>Jamestown Associates</i></p> <p>Mailing Address of Payee <i>1133 21st St. NW - Suite 700</i></p> <p>City <i>Washington</i> State <i>DC</i> Zip Code <i>20036</i></p> <p>Name of Employer _____ Occupation _____</p> | <p>Date of Disbursement or Obligation <i>08 22 2008</i></p> <p>Amount <i>365,038.00</i></p> <p>Communication Date <i>08 29 2008</i></p> |
|--|---|

Purpose of Disbursement (Including title(s) of communication(s))
Notice A Pattern - Television Ad

| | | | |
|---|--|---|---|
| <p>Name of Federal Candidate <i>Jeanne Shaheen</i></p> | <p>Office Sought: <input checked="" type="checkbox"/> Senate</p> | <p>House State: <i>NH</i> Senate District: _____ <input type="checkbox"/> President</p> | <p>Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> |
| <p>Name of Federal Candidate</p> | <p>Office Sought: <input type="checkbox"/> Senate</p> | <p>House State: _____ Senate District: _____ <input type="checkbox"/> President</p> | <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> |
| <p>Name of Federal Candidate</p> | <p>Office Sought: <input type="checkbox"/> Senate</p> | <p>House State: _____ Senate District: _____ <input type="checkbox"/> President</p> | <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> |

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> | <p>Date of Disbursement or Obligation</p> <p>Amount</p> <p>Communication Date</p> |
|--|--|

Purpose of Disbursement (Including title(s) of communication(s))

| | | | |
|---|---|---|--|
| <p>Name of Federal Candidate</p> | <p>Office Sought: <input type="checkbox"/> Senate</p> | <p>House State: _____ Senate District: _____ <input type="checkbox"/> President</p> | <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> |
| <p>Name of Federal Candidate</p> | <p>Office Sought: <input type="checkbox"/> Senate</p> | <p>House State: _____ Senate District: _____ <input type="checkbox"/> President</p> | <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> |
| <p>Name of Federal Candidate</p> | <p>Office Sought: <input type="checkbox"/> Senate</p> | <p>House State: _____ Senate District: _____ <input type="checkbox"/> President</p> | <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> |

| | |
|--|--------------------------|
| <p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> | |
| <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p> | <p><i>365,038.00</i></p> |

20080829 11:00 AM

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.

| | |
|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked Delivery Confirmation™ Label <input type="checkbox"/> |
| <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 |

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED