



FACSIMILE TRANSMITTAL

Deliver to: Federal Election Commission

Tel:
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From: Bryant Adams
US Chamber of Commerce
Tel: (202) 463-5749
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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

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

09 ' 22 ' 2008

through

08 ' 28 ' 2008

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

08 ' 28 ' 2008

(b) Communication Title

Healthy Lives - NH

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

10. Total Disbursements/Obligations This Statement

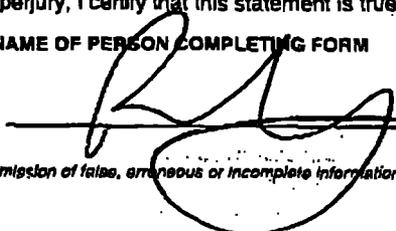
240,208.00

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)

11. Person(s) Sharing/Exercising Control

A.	(a) Name <u>Rob Engstrom</u>	(e) Occupation <u>Vice President</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>	
B.	(a) Name <u>Bill Miller</u>	(e) Occupation <u>Senior Vice President</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>	
C.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
D.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

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> <hr/> <p>TOTAL This Period (last page this line number only)</p> <p>(carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Jamestown Associates		Date of Disbursement or Obligation 08 / 22 / 2008
Mailing Address of Payee 1133 21st St., NW - Suite 700		Amount 240,208.00
City Washington	State DC	Zip Code 20036
Name of Employer (blank)		Occupation (blank)
Purpose of Disbursement (Including title(s) of communication(s)) Healthw Lives -NH - Television Ad		
Name of Federal Candidate John Sununu	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee (blank)		Date of Disbursement or Obligation (blank)
Mailing Address of Payee (blank)		Amount (blank)
City (blank)	State (blank)	Zip Code (blank)
Name of Employer (blank)		Occupation (blank)
Purpose of Disbursement (Including title(s) of communication(s)) (blank)		
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate (blank)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		(blank)
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		240,208.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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The FEC added this page to the end of this filing to indicate how it was received.

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N/A
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