

Office DEPOT[®] FAX TRANSMISSION

Taking Care of Business

TO: FEC

FROM: US Chamber

FAX
NUMBER: 202-219-0174

SENDER'S
PHONE #: 202-463-5532

DATE: 11/25/08

OF PAGES: 4

CUSTOMER'S NOTES:

OFFICE DEPOT'S TERMS OF USE

SENDER AGREES NOT TO USE THIS FAX TO: (I) TRANSMIT MATERIAL WHOSE TRANSMISSION IS UNLAWFUL, HARASSING, LIBELOUS, ABUSIVE, THREATENING, HARMFUL, VULGAR, OBSCENE, PORNOGRAPHIC OR OTHERWISE OBJECTIONABLE; (II) CREATE A FALSE IDENTITY, OR OTHERWISE ATTEMPT TO MISLEAD OTHERS AS TO THE IDENTITY OF THE SENDER OR THE ORIGIN OF THIS FAX; (III) POST OR TRANSMIT ANY MATERIAL THAT MAY INFRINGE THE COPYRIGHT, TRADE SECRET, OR OTHER RIGHTS OF ANY THIRD PARTY; (IV) VIOLATE ANY FEDERAL, STATE OR LOCAL LAW IN THE LOCATION, OR (V) CONDUCT ACTIVITIES RELATED TO GAMBLING, SWEEPSTAKES, RAFFLES, LOTTERIES, CONTESTS, PONZI SCHEMES OR THE LIKE.

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CUSTOMER SIGNATURE (REQUIRED):

STORE INFORMATION

VISIT OFFICE DEPOT FOR YOUR:

- DIGITAL PRINTING NEEDS
- LARGE FORMAT PRINTING
- BUSINESS CARDS, LETTERHEAD & ENVELOPES
- CUSTOM STAMPS
- SIGNS AND BANNERS
- UPS SHIPPING
- PASSPORT PHOTOS
- PROMOTIONAL PRODUCTS
- BUSINESS CHECKS

OFFICE DEPOT #2225

Store Manager: Lynn Mott

2061 TigerTown Pkwy, Opelika, AL 36801

Phone: (334) 742-0225

Fax: (334) 742-9983

Email: ods02225cpc@officedepot.com

THANK YOU FOR USING OFFICE DEPOT'S CUSTOMER FAX SERVICES

First Page
Local Fax

Additional
Local Fax

First Page
Long Distance Fax

Additional
Long Distance Fax



833-071

NOV-26-2008 20:23



456-687



833-081

99%



833-091

P.01

28039924795

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

C30001101

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

11/25/2008

through

11/26/2008

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

11/26/2008

(b) Communication Title

Whistleblower & Tough Times

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

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

150,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Justin Wilson

SIGNATURE

[Signature]

DATE

11/26/08

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)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name	
Bill Miller	
(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
US Chamber	Senior VP
B. (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
US Chamber	VP
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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **3** OF **3**

A. Full Name (Last, First, Middle Initial) of Payee <u>Revolution Media</u>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">11 25 2008</div>	
Mailing Address of Payee <u>1090 Vermont Ave NW #230</u>		Amount <div style="border: 1px solid black; padding: 2px;">75,000.00</div>	
City <u>Washington</u>	State <u>DC</u>	Communication Date <div style="border: 1px solid black; padding: 2px;">11 26 2008</div>	
Name of Employer <u>Occupation</u>			
Purpose of Disbursement (Including title(s) of communication(s)) <u>Whistleblower (Radio)</u>			
Name of Federal Candidate <u>Jim Martin</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>GA</u> District: <u>---</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>run off</u>
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>---</u> District: <u>---</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>---</u>
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>---</u> District: <u>---</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>---</u>

B. Full Name (Last, First, Middle Initial) of Payee <u>Revolution Media</u>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">11 25 2008</div>	
Mailing Address of Payee <u>1090 Vermont Ave NW #230</u>		Amount <div style="border: 1px solid black; padding: 2px;">75,000.00</div>	
City <u>Washington</u>	State <u>DC</u>	Communication Date <div style="border: 1px solid black; padding: 2px;">11 26 2008</div>	
Name of Employer <u>Occupation</u>			
Purpose of Disbursement (Including title(s) of communication(s)) <u>Tough Times (Radio)</u>			
Name of Federal Candidate <u>Saxby Chambliss</u>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>GA</u> District: <u>---</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>run off</u>
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>---</u> District: <u>---</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>---</u>
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>---</u> District: <u>---</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>---</u>

SUBTOTAL of Disbursements/Obligations This Page (optional)	<div style="border: 1px solid black; padding: 5px;">150,000.00</div>
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)	

28039924798

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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N/A
PREPARER

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(5/2004)

28039924799