FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2008 SEP 10 A 11: 11

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	**2. FEC Identification Number**
Washington, DC 20062	C70004395

(d) Name of Employer or Principal Place of Business   (e) Occupation

3. Is This Statement	✗ New _or_ Amended	**4. Covering Period** 09 05 2008 through 09 09 2008

5. (a) Date of Public Distribution(s) 09 09 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   0.00

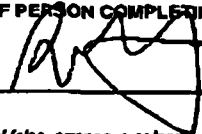**10. Total Disbursements/Obligations This Statement**   ,149,987.00

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 9/9/08

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 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

B.
(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
U.S. Chamber of Commerce

(e) Occupation
Senior Vice President

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

A. Full Name (Last, First, Middle Initial) of Payee

Revolution Media Group

Mailing Address of Payee

1090 Vermont Ave, NW – Suite 230

City Washington **State** DC **Zip Code** 20005

Name of Employer **Occupation**

Date of Disbursement or Obligation
M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Amount
149,987.00

Communication Date
M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

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

Healthy Minnesota - Television Ad

Name of Federal Candidate	Office Sought:		State: MN District: —	Disbursement/Obligation For:
Norm Coleman		☐ House ☒ Senate ☐ President		☒ Primary ☒ General ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought:	☐ House ☐ Senate ☐ President	State: — District: —	☐ Primary ☐ General ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought:	☐ House ☐ Senate ☐ President	State: — District: —	☐ Primary ☐ General ☐ Other (specify) ▶

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City **State** **Zip Code**

Name of Employer **Occupation**

Date of Disbursement or Obligation
M M / D D / Y Y Y Y

Amount

Communication Date
M M / D D / Y Y Y Y

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

Name of Federal Candidate	Office Sought:	☐ House ☐ Senate ☐ President	State: — District: —	Disbursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought:	☐ House ☐ Senate ☐ President	State: — District: —	☐ Primary ☐ General ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought:	☐ House ☐ Senate ☐ President	State: — District: —	☐ Primary ☐ General ☐ Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) .... ▶

TOTAL This Period (last page this line number only) .... ▶ 149,987.00
(carry total from last page to Line 10)

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
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N/A	**N/A**
PREPARER	DATE PREPARED

(5/2004)