



"Wilson, Justin" <JWilson@USChamber.com> on 03/18/2009 11:07:17 AM

To: <2022190174@fcc.gov>
cc:

Subject: FEC 9 Form for NY-20 Special Election

From US Chamber of Commerce

Can you confirm receipt?

Thanks!

JUSTIN H. WILSON
Political Affairs & Federation Relations
U.S. Chamber of Commerce
1615 H Street, N.W.
Washington, D.C. 20062

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fecny20.PDF

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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 03/18/2009
through
03/18/2009

5. (a) Date of Public Distribution(s) 03/18/2009 (b) Communication Title Hard Work

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

10. Total Disbursements/Obligations This Statement

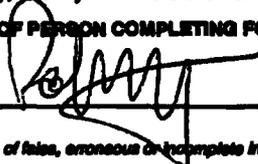
30,000.00

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

3/17/09

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §457g.

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

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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee <u>Matt Leonardo</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>03 / 18 / 2009</u>
Mailing Address of Payee <u>1090 Vermont Ave, NW</u>		Amount , <u>30,000.00</u>
City <u>Washington</u>	State <u>DC</u>	Zip Code <u>20005</u>
Name of Employer <u>Revolution Media Group, LLC.</u>		Occupation _____
Purpose of Disbursement (including title(s) of communication(s)) <u>"Haral Work" - TV Ad</u>		
Name of Federal Candidate <u>James Tedisco</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NY</u> District: <u>20</u> Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPECIAL</u>
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ 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 _____		Date of Disbursement or Obligation MM / DD / YYYY _____
Mailing Address of Payee _____		Amount _____
City _____	State _____	Zip Code _____
Name of Employer _____		Occupation _____
Purpose of Disbursement (including title(s) of communication(s)) _____		
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
SUBTOTAL of Disbursements/Obligations This Page (optional)		_____
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<u>30,000.00</u>

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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
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Delivery Confirmation™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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): <i>E-mail</i>	Date of Receipt or Postmarked <i>3/18/09</i>

PSD
 PREPARER 3/18/09
 (3/2005) DATE PREPARED

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