To Fec
4 Pages
202-219-0174

From Justin Wilson
US Chamber
202-463-5532

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

2. FEC Identification Number: C30001101

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement: ☒ New or ☐ Amended

4. Covering Period: 09 / 29 / 2008 through 10 / 23 / 2008

5. (a) Date of Public Distribution(s): 10 / 23 / 2008 (b) Communication Title: Heinrich Taxes

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: 50,000.00

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: 10/27/2008

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)

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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
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)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee
Scott Howell & Co.
Mailing Address of Payee
208 N. Market Street Suite 225
City: Dallas State: TX Zip Code: 75202
Name of Employer: Occupation:

Date of Disbursement or Obligation: 09 29 2008
Amount: 50,000.00
Communication Date: 10 23 2009

Purpose of Disbursement (including title(s) of communication(s)): Heinrich Taxes - radio ad

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Martin Heinrich	[X] House [ ] Senate [ ] President	State: NM District: 01	[ ] Primary [X] General [ ] Other (specify)
	[ ] House [ ] Senate [ ] President	State: District:	[ ] Primary [ ] General [ ] Other (specify)
	[ ] 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	State / District	Disbursement/Obligation For
	[ ] House [ ] Senate [ ] President	State: District:	[ ] Primary [ ] General [ ] Other (specify)
	[ ] House [ ] Senate [ ] President	State: District:	[ ] Primary [ ] General [ ] Other (specify)
	[ ] 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) ▶ 50,000.00
(carry total from last page to Line 10)

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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.

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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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