TO THE FEC
202-219-0174

1 Amended Form

14 Pages.

Page 13 has the only amendment. The Title of Disbursement has been included.

FROM THE US CHAMBER
Justin Wilson
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 06 2008

5. (a) Date of Public Distribution(s): 10 08 2008 **(b) Communication Title:** Various Radio - see Schedule 9-B

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: 600,000.00

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: 10/7

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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

PAGE 2 OF 14

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 — (e) Occupation
U.S. Chamber of Commerce — 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 — (e) Occupation
U.S. Chamber of Commerce — 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

28039851963

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 3 OF 14

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

Mailing Address of Payee
3299 K Street NW, Suite 200

City: Washington | State: DC | Zip Code: 20007

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 29 2008

Amount: 50,000.00

Communication Date: 10 06 2008

Purpose of Disbursement (including title(s) of communication(s)): Gas and Groceries (Radio Ad)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Dean Andel	[X] House [ ] Senate [ ] President	State: CA District: 11	[ ] Primary [X] General [ ] Other (specify)
Gerry McNerney	[X] House [ ] Senate [ ] President	State: CA District: 11	[ ] Primary [X] 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) ▶
(carry total from last page to Line 10)

28039851964

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
Designated Market Media
Mailing Address of Payee
3299 K Street NW Suite 200
City: Washington State: DC Zip Code: 20007
Name of Employer: Occupation:

Date of Disbursement or Obligation: 09 / 29 / 2008
Amount: 50,000.00
Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s)): IL Economy (Radio Ad)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Debbie Halvorson	[X] House [ ] Senate [ ] President	State: IL District: 11	[ ] 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) ▶
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28039851965

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 5 OF 14

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

Mailing Address of Payee
3299 K Street NW Suite 200

City: Washington State: DC Zip Code: 20007

Name of Employer: Occupation:

Date of Disbursement or Obligation: 09 / 29 / 2008

Amount: 50,000.00

Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s)): KS Economy (radio ad)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Nancy Boyda	[X] House [ ] Senate [ ] President	State: KS District: 02	[ ] 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)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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

Mailing Address of Payee
3299 K Street NW, Suite 200

City: Washington | State: DC | Zip Code: 20007

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008

Amount: 50,000.00

Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s))
Health (Radio Ad)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Tim Walberg	[X] House [ ] Senate [ ] President	State: MI District: 07	[ ] 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)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 7 OF 14

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

Mailing Address of Payee
3299 K Street NW, Suite 200

City: Washington | State: DC | Zip Code: 20007

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008

Amount: 50,000.00

Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s)): Healthcare (Radio Ad)

Name of Federal Candidate: Joe Knollenberg | Office Sought: [X] House [ ] Senate [ ] President | State: MI | District: 09 | Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

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: | Disbursement/Obligation For: [ ] 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

Amount

Communication Date

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: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate | Office Sought: [ ] House [ ] Senate [ ] President | State: | District: | Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

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28039851968

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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

Mailing Address of Payee
3299 K Street NW, Suite 200

City: Washington | State: DC | Zip Code: 20007

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008

Amount: 50,000.00

Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s)): MO Economy (radio ad)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Sam Graves	[X] House [ ] Senate [ ] President	State: MO District: 06	[ ] 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)

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 9 OF 14

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

Mailing Address of Payee
3299 K Street NW, Suite 200

City: Washington | State: DC | Zip Code: 20007

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008

Amount: 50,000.00

Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s))
NJ Health (radio ads)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Leonard Lance	[X] House [ ] Senate [ ] President	State: NJ District: 07	[ ] 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) ▶

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28039851970

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 10 OF 14

A. Full Name (Last, First, Middle Initial) of Payee
Designated Market Media
Mailing Address of Payee
3299 K Street NW, Suite 200
City: Washington | State: DC | Zip Code: 20007
Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008
Amount: 50,000.00
Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s)): NY Health (radio ad)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Randy Kuhl	[X] House [ ] Senate [ ] President	State: NY District: 29	[ ] 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) ▶
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28039851971

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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

Mailing Address of Payee
3299 K Street NW, Suite 200

City: Washington | State: DC | Zip Code: 20007

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008

Amount: 50,000.00

Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s)): OH Health - radio Ad

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Kirk Schuring	[X] House [ ] Senate [ ] President	State: OH District: 16	[ ] 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) ▶

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 12 OF 14

A. Full Name (Last, First, Middle Initial) of Payee
Designated Market Media
Mailing Address of Payee
3299 K Street NW, Suite 200
City: Washington | State: DC | Zip Code: 20007
Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008
Amount: 50,000.00
Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s)): OH Healthcare - radio Ad

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Steve Stivers	[X] House [ ] Senate [ ] President	State: OH District: 15	[ ] 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) ▶
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28039851975

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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

Mailing Address of Payee
3299 K Street NW, Suite 200

City: Washington | State: DC | Zip Code: 20007

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008

Amount: 50,000.00

Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s))
WI Taxes (radio Ad)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Steve Kagan	[X] House [ ] Senate [ ] President	State: WI District: 08	[ ] Primary [X] General [ ] Other (specify)
John Gard	[X] House [ ] Senate [ ] President	State: WI District: 08	[ ] Primary [X] 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) ▶

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28039851974

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 14 OF 14

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

Mailing Address of Payee
3299 K Street NW, Suite 200

City: Washington | State: DC | Zip Code: 20007

Name of Employer | Occupation

Date of Disbursement or Obligation: 09 / 29 / 2008

Amount: 50,000.00

Communication Date: 10 / 06 / 2008

Purpose of Disbursement (including title(s) of communication(s))
CA Health (radio Ad)

Name of Federal Candidate	Office Sought	State / District	Disbursement/Obligation For
Tom McClintock	[X] House [ ] Senate [ ] President	State: CA District: 04	[ ] 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) ▶ 600,000.00
(carry total from last page to Line 10)

28039851975

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

28059851976