

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

10030420974

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Staff Craft			Date of Disbursement or Obligation 09 / 03 / 2010		
Mailing Address of Payee 11 D St., S.E.			Amount 3,225.79		
City Washington	State DC	Zip Code 20003	Communication Date 09 / 03 / 2010		
Name of Employer			Occupation		

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

Name of Federal Candidate Paul Hodes	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: _____	Disbursement/Obligation For: <input checked="" 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) ▶

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date		
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)

3,225.7900

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