

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name U.S. Chamber of Commerce		2. FEC Identification Number C C30001101
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1615 H Street N.W.		
(c) City, State and ZIP Code Washington DC 20062		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period					
	<table border="0"> <tr> <td>M M / D D / Y Y Y Y</td> <td>through</td> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>0 9 / 2 9 / 2 0 1 0</td> <td></td> <td>1 0 / 0 6 / 2 0 1 0</td> </tr> </table>	M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y	0 9 / 2 9 / 2 0 1 0	
M M / D D / Y Y Y Y	through	M M / D D / Y Y Y Y				
0 9 / 2 9 / 2 0 1 0		1 0 / 0 6 / 2 0 1 0				

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** Higher

1 0 / 0 6 / 2 0 1 0

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. Were the disbursements for the electioneering communication 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 N.W.

(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 _____ .00

10. Total Disbursements/Obligations This Statement _____ 197002.00

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 Electronically Filed by Rob Engstrom DATE 10/06/2010

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)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Rob Engstrom	Transaction ID : F91.000001
	(b) Address (number and street) 1615 H Street N.W.	
	(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	Transaction ID : F91.000002
	(b) Address (number and street) 1615 H Street N.W.	
	(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

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee DMM Media, LLC			Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		2	9		2	0	1	0																
Mailing Address of Payee 3299 K Street NW Ste 200			Amount <table border="1"> <tr> <td colspan="10">197002.00</td> </tr> </table>			197002.00																			
197002.00																									
City	State	Zip Code																							
Washington	DC	20007																							
Name of Employer		Occupation																							
Purpose of Disbursement (including title(s) of communication(s)) 'Higher' TV Spot																									
Transaction ID : F93.000001																									

Purpose of Disbursement (including title(s) of communication(s))					
'Higher' TV Spot					
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State:	VA	Disbursement/Obligation For: 2010
Tom Perriello		<input type="checkbox"/> Senate	District:	05	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
F94.000002		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District:		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State:		Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District:		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President			

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) _____					
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SUBTOTAL of Disbursement/Obligation This Page (optional)	<table border="1"> <tr> <td>197002.00</td> </tr> </table>	197002.00
197002.00		
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<table border="1"> <tr> <td>197002.00</td> </tr> </table>	197002.00
197002.00		