

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

|  |   |  |
|--|---|--|
| 1. (a) Name of Individual, Organization or Corporation<br><b>US CHAMBER OF COMMERCE</b>                                  |   | 3. FEC Identification Number<br><br><b>C</b> C90013145 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1615 H STREET NW |   |  |
| (c) City, State and ZIP Code<br>WASHINGTON DC 20062  |   |  |
| 2. <b>Corporate filers only</b>  | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Individual filers only</b>  | Name of Employer  | Occupation   |

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

|         |   |     |   |         |
|---------|---|-----|---|---------|
| M M     | / | D D | / | Y Y Y Y |
| 10      |   | 01  |   | 2012    |
| THROUGH |   |     |   |         |
| M M     | / | D D | / | Y Y Y Y |
| 11      |   | 06  |   | 2012    |

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES ..... 500022.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

|   |                      |             |
|---|----------------------|-------------|
| <b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b> | <b>SIGNATURE</b>     | <b>DATE</b> |
| Warren Powers                                       | <i>Warren Powers</i> | 11/02/2012  |

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

For further information, contact:  
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
US CHAMBER OF COMMERCE

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial) of Payee<br>National Media Public Affairs |  | Date<br>MM / DD / YYYY<br>11 / 01 / 2012  |
| Mailing Address<br>815 Slaters Lane   |  | Amount<br>500000.00<br><b>Transaction ID : F57.000001</b>   |
| City<br>Alexandria  | State<br>VA  |   |
| Zip Code<br>22314   | Purpose of Expenditure<br>Production and media buy for television and radio - "vote for jobs"  | Category/Type<br>004  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Bob Casey       | Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | State: PA<br>District: _____  |
| Calendar Year-To-Date Per Election for Office Sought<br>500000.00                 | Check One:<br><input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose   | Disbursement For:<br>2012 <input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial) of Payee<br>Integrated Web Strategy |  | Date<br>MM / DD / YYYY<br>10 / 01 / 2012  |
| Mailing Address<br>5330 N. 12th Street                                      |  | Amount<br>22.00<br><b>Transaction ID : F57.000002</b>   |
| City<br>Phoenix   | State<br>AZ  |   |
| Zip Code<br>85014   | Purpose of Expenditure<br>Website development - voteforjobs2012.com  | Category/Type<br>004  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Tom Smith | Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | State: PA<br>District: _____  |
| Calendar Year-To-Date Per Election for Office Sought<br>500022.00           | Check One:<br><input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Disbursement For:<br>2012 <input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial) of Payee               |   | Date<br>MM / DD / YYYY  |
| Mailing Address  |   | Amount  |
| City   | State   |   |
| Zip Code   | Purpose of Expenditure  | Category/Type   |
| Name of Federal Candidate Supported or Opposed by Expenditure: | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: _____<br>District: _____   |
| Calendar Year-To-Date Per Election for Office Sought           | Check One:<br><input type="checkbox"/> Support<br><input type="checkbox"/> Oppose   | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |

|   |           |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....                                    | 500022.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                  |           |
| (c) TOTAL Independent Expenditures.....<br>(carry total from last page forward to Line 7) | 500022.00 |