

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **AMERICAN CONSERVATIVE UNION**

(b) Address (number and street) check if different than previously reported
1331 H STREET NW SUITE 500

(c) City, State and ZIP Code
WASHINGTON DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001952

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2012
through
M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2012

5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2012

(b) Communication Title ACU The Brakes

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
Melissa Bowman

(b) Address (number and street)
1331 H Street NW Suite 500

(c) City, State and ZIP Code
Washington DC 20005

(d) Name of Employer or Principal Place of Business (e) Occupation
American Conservative Union Director of Operations

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,18575.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Melissa Bowman

SIGNATURE Melissa Bowman [Electronically Filed] DATE 02/17/2012

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		Transaction ID : F91.000001	
Robert Gregg Keller			
(b) Address (number and street)	1331 H Street NW Suite 500		
(c) City, State and ZIP Code	Washington DC 20005		
(d) Name of Employer or Principal Place of Business	(e) Occupation		
American Conservative Union	National Executive Director		
B. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
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	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 02 / 06 / 2012		
Mailing Address of Payee 815 Slaters Lan			Amount 1050.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y 02 / 07 / 2012		
Alexandria	VA	22314			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad: ACU The Brakes - Gardner			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
Barack Obama		<input type="checkbox"/>	CO	2012	
		<input type="checkbox"/>		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input checked="" type="checkbox"/>		<input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
		<input type="checkbox"/>		2012	
		<input type="checkbox"/>		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/>		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
		<input type="checkbox"/>		2012	
		<input type="checkbox"/>		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/>		<input type="checkbox"/> Other (specify) ▶	

B. Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 02 / 06 / 2012		
Mailing Address of Payee 815 Slaters Lane			Amount 12335.00		
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y 02 / 07 / 2012		
Alexandria	VA	22314			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad: ACU The Brakes - Fleischman			Transaction ID : F93.000003		
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
Barack Obama		<input type="checkbox"/>	TN	2012	
		<input type="checkbox"/>		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
		<input checked="" type="checkbox"/>		<input type="checkbox"/> Other (specify) ▶	
Transaction ID : F94.000006					
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
		<input type="checkbox"/>		2012	
		<input type="checkbox"/>		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/>		<input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate	Office Sought:	House	State:	Disbursement/Obligation For:	
		<input type="checkbox"/>		2012	
		<input type="checkbox"/>		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/>		<input type="checkbox"/> Other (specify) ▶	

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		13385.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee American Media & Advocacy Group			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 06 / 2012		
Mailing Address of Payee 815 Slaters Lane			Amount 5190.00		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y 02 / 07 / 2012		
Alexandria	VA	22314	Transaction ID : F93.000004		
Name of Employer Occupation			Purpose of Disbursement (Including title(s) of communication(s)) Radio Ad: ACU The Brakes - Fincher		
Name of Federal Candidate Barack Obama			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: <u>TN</u> District: _____
Transaction ID : F94.000008			Disbursement/Obligation For: 2012 <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: _____
Name of Federal Candidate _____			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____
Name of Federal Candidate _____			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y		
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: _____
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			5190.00		
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			18575.00		