

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

MM / DD / YYYY
02 / 06 / 2012
through
MM / DD / YYYY
02 / 07 / 2012

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

MM / DD / YYYY
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.