

**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 <b>AMERICAN CONSERVATIVE UNION</b>		3. FEC Identification Number <b>C</b> <b>C90013236</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1331 H STREET NW SUITE 500</b>		
(c) City, State and ZIP Code <b>WASHINGTON DC 20005</b>		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input 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

**07** / **01** / **2012**  
 THROUGH  
**09** / **30** / **2012**

6. TOTAL CONTRIBUTIONS .....

**0.00**

7. TOTAL INDEPENDENT EXPENDITURES .....

**30549.00**

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Melissa Bowman

Melissa Bowman

10/25/2012

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**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)  
AMERICAN CONSERVATIVE UNION

Full Name (Last, First, Middle Initial) of Payee OnMessage, Inc.		Date MM / DD / YYYY 07 / 12 / 2012	
Mailing Address 815 Slaters Lane		Amount 30549.00 <b>Transaction ID : F57.4099</b>	
City Alexandria	State VA		
Purpose of Expenditure Radio Ad: Chuck Fleischmann	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: CHARLES J FLEISCHMANN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30549.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... 30549.00			
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			
<b>(c) TOTAL</b> Independent Expenditures ..... 30549.00 (carry total from last page forward to Line 7)			