

# 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 02/07/2012

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**

|   |                             |                                    |                             |
|---|-----------------------------|------------------------------------|-----------------------------|
| <b>A.</b> (a) Name                                  |                             | <b>Transaction ID : F91.000001</b> |                             |
| 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 | American Conservative Union | (e) Occupation                     | National Executive Director |
| <b>B.</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                     |                             |
| <b>C.</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                     |                             |
| <b>D.</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                     |                             |
| <b>E.</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                     |                             |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

|  |                           |  |   |   |   |
|--|---------------------------|--|---|---|---|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br><b>American Media &amp; Advocacy Group</b> |                           |  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>02 / 06 / 2012                                  |   |   |
| Mailing Address of Payee<br>815 Slaters Lane   |                           |  | Amount<br>1050.00   |   |   |
| City   | State                     | Zip Code   | Communication Date<br>MM / DD / YYYY<br>02 / 07 / 2012  |   |   |
| Alexandria   | VA                        | 22314  | <b>Transaction ID : F93.000001</b>  |   |   |
| Name of Employer<br>Occupation   |                           |  | Purpose of Disbursement (Including title(s) of communication(s))<br>ACU The Brakes - Gardner Radio Ad   |   |   |
| Name of Federal Candidate  | Office Sought:            | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: <u>CO</u><br>District: <u>04</u>   | Disbursement/Obligation For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |   |
| <b>Transaction ID : F94.000002</b>   | Name of Federal Candidate | Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |
| Name of Federal Candidate  | Office Sought:            | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |   |

|  |                           |  |   |   |   |
|--|---------------------------|--|---|---|---|
| <b>B. Full Name (Last, First, Middle Initial) of Payee</b><br><b>American Media &amp; Advocacy Group</b> |                           |  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br>02 / 06 / 2012                                  |   |   |
| Mailing Address of Payee<br>815 Slaters Lane   |                           |  | Amount<br>12335.00  |   |   |
| City   | State                     | Zip Code   | Communication Date<br>MM / DD / YYYY<br>02 / 07 / 2012  |   |   |
| Alexandria   | VA                        | 22314  | <b>Transaction ID : F93.000002</b>  |   |   |
| Name of Employer<br>Occupation   |                           |  | Purpose of Disbursement (Including title(s) of communication(s))<br>ACU The Brakes Fleischman Radio Ad  |   |   |
| Name of Federal Candidate  | Office Sought:            | <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: <u>TN</u><br>District: <u>03</u>   | Disbursement/Obligation For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |   |
| <b>Transaction ID : F94.000004</b>   | Name of Federal Candidate | Office Sought:   | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |
| Name of Federal Candidate  | Office Sought:            | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶                                     | 13385.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶<br>(carry total from last page to Line 10) |          |

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

|   |            |   |   |   |  |
|---|------------|---|---|---|--|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br><b>American Media &amp; Advocacy Group</b>      |            |   | <b>Date of Disbursement or Obligation</b><br>M M M / D D D / Y Y Y Y Y Y<br>02 / 06 / 2012          |   |  |
| Mailing Address of Payee<br>815 Slaters Lane  |            |   | <b>Amount</b><br>5190.00  |   |  |
| City  | State      | Zip Code  | <b>Communication Date</b><br>M M M / D D D / Y Y Y Y Y Y<br>02 / 07 / 2012                          |   |  |
| Alexandria  | VA         | 22314   | <b>Transaction ID : F93.000003</b>  |   |  |
| Name of Employer<br>Occupation  |            |   | Purpose of Disbursement (Including title(s) of communication(s))<br>ACU The Brakes Fincher Radio Ad |   |  |
| Name of Federal Candidate<br>Stephen Fincher  |            | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: <u>TN</u><br>District: <u>08</u>   | Disbursement/Obligation For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |  |
| <b>Transaction ID : F94.000006</b>  |            |   |   |   |  |
| Name of Federal Candidate   |            | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |  |
| Name of Federal Candidate   |            | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |  |
| <b>B. Full Name (Last, First, Middle Initial) of Payee</b>  |            |   | <b>Date of Disbursement or Obligation</b><br>M M M / D D D / Y Y Y Y Y Y                            |   |  |
| Mailing Address of Payee  |            |   | <b>Amount</b>   |   |  |
| City  | State      | Zip Code  | <b>Communication Date</b><br>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<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |  |
| Name of Federal Candidate   |            | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |  |
| Name of Federal Candidate   |            | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            | State: _____<br>District: _____   | Disbursement/Obligation For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                 |  |
| <b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶                                     |            |   | 5190.00   |   |  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶<br>(carry total from last page to Line 10) |            |   | 18575.00  |   |  |