

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 US CHAMBER OF COMMERCE		3. FEC Identification Number C C90013145
(b) Address (number and street) ☐ check if different than previously reported 1615 H STREET NW		
(c) City, State and ZIP Code WASHINGTON DC 20062		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No	
Individual filers only	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

10 / **01** / **2012**
 THROUGH
10 / **15** / **2012**

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES

621733.50

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]

Warren Powers

Warren Powers

10/05/2012

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 EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

US CHAMBER OF COMMERCE

Full Name (Last, First, Middle Initial) of Payee DMM Media		Date MM / DD / YYYY 10 / 05 / 2012	
Mailing Address 3299 K Street NW Suite 200		Amount 621711.50	
City Washington	State DC	Zip Code 20007	
Purpose of Expenditure Television production and media buy - "Here"		Category/ Type 004	Office Sought: ☒ House State: IL ☐ Senate District: 17 ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure: Cheri Bustos		Check One: ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 621711.50		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Integrated Web Strategy, LLC		Date MM / DD / YYYY 10 / 01 / 2012	
Mailing Address 5330 N 12th Street		Amount 22.00	
City Phoenix	State AZ	Zip Code 85014	
Purpose of Expenditure web development - voteforjobs2012.com		Category/ Type 004	Office Sought: ☒ House State: IL ☐ Senate District: 17 ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure: Bobby Schilling		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 621733.50		Disbursement For: ☐ Primary ☒ General 2012 ☐ Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: ☐ House State: _____ ☐ Senate District: _____ ☐ President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		621733.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		621733.50	