

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) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

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 |
| Warren Powers | <i>Warren Powers</i> | 10/04/2012 |

[Electronically Filed]

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**

NAME OF FILER (In Full)
US CHAMBER OF COMMERCE

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee Revolution Media Group | | Date MM / DD / YYYY 10 / 04 / 2012 |
| Mailing Address 1020 Princess Street | | Amount 390000.00 Transaction ID : F57.000001 |
| City Alexandria | State VA | |
| Zip Code 22314 | Purpose of Expenditure Television production and media buy - "Broken Trust" | Category/ Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Bill Owens | | Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 390000.00 | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> 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 Transaction ID : F57.000002 |
| City Phoenix | State AZ | |
| Zip Code 85014 | Purpose of Expenditure web development - voteforjob2012 | Category/ Type 004 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Doheny Matt | | Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought 390022.00 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> 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 |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Calendar Year-To-Date Per Election for Office Sought | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 390022.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | ▶ | 390022.00 |