

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

**1. Person Making the Disbursements/Obligations**

(a) Name U.S. Chamber of Commerce

(b) Address (number and street)  check if different than previously reported  
1615 H Street NW

(c) City, State and ZIP Code  
Washington, DC 20062

(d) Name of Employer or Principal Place of Business \_\_\_\_\_ (e) Occupation \_\_\_\_\_

**2. FEC Identification Number**  
C30001101

**3. Is This Statement**  **New** or  **Amended**

**4. Covering Period** 02 ' 06 ' 2012 through 02 ' 09 ' 2012

**5. (a) Date of Public Distribution(s)** 02 ' 09 ' 2012 **(b) Communication Title** "Great Achievements"

**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 Wade Powers

(b) Address (number and street) 1615 H Street NW

(c) City, State and ZIP Code Washington DC, 20062

(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce (e) Occupation Executive Director

**9. Total Donations This Statement** 0.00

**10. Total Disbursements/Obligations This Statement** 5,896,350.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Wade Powers

SIGNATURE [Signature] DATE 2/9/12

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)

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11. Person(s) Sharing/Exercising Control

<b>A.</b>	(a) Name	Rob Engstrom
	(b) Address (number and street)	1615 H Street NW
	(c) City, State and ZIP Code	Washington, DC 20062
	(d) Name of Employer or Principal Place of Business	U.S. Chamber of Commerce
	(e) Occupation	Senior Vice President
<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> <u>Del Cielo Media</u>			<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">02 / 06 / 2012</div>		
<b>Mailing Address of Payee</b> <u>10755 Scripps Poway Parkway, Ste 550</u>			<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">589,635.00</div>		
City <u>San Diego, CA</u>	State <u>CA</u>	Zip Code <u>92131</u>	<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">02 / 09 / 2012</div>		
<b>Name of Employer</b> _____			<b>Occupation</b> _____		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> <u>"Great Achievements" TV Spot - Production and Media Placement</u>					
<b>Name of Federal Candidate</b> <u>Barack H. Obama</u>		<b>Office Sought:</b>		<b>Disbursement/Obligation For:</b>	
		<input type="checkbox"/> House      State: <u>VA</u>		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶	
		<input checked="" type="checkbox"/> President			
Name of Federal Candidate _____		Office Sought:		Disbursement/Obligation For:	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
Name of Federal Candidate _____		Office Sought:		Disbursement/Obligation For:	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____					
<b>Mailing Address of Payee</b> _____					
City _____		State _____		Zip Code _____	
<b>Name of Employer</b> _____			<b>Occupation</b> _____		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____					
Name of Federal Candidate _____		Office Sought:		Disbursement/Obligation For:	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
Name of Federal Candidate _____		Office Sought:		Disbursement/Obligation For:	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
Name of Federal Candidate _____		Office Sought:		Disbursement/Obligation For:	
		<input type="checkbox"/> House      State: _____		<input type="checkbox"/> Primary <input type="checkbox"/> General	
		<input type="checkbox"/> Senate      District: _____		<input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> President			
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>				<div style="border: 1px solid black; padding: 2px;">589,635.00</div>	
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;">589,635.00</div>	

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A  
PREPARER

N/A  
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