

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 C300011011

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 "Protect"

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 335,250.00

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)

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Rob Engstrom
	(b) Address (number and street)	1615 H Street NW
	(c) City, State and ZIP Code	Washington, DC 20002
	(d) Name of Employer or Principal Place of Business	U.S. Chamber of Commerce
	(e) Occupation	Senior Vice President
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	
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
	(e) Occupation	
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
	(e) Occupation	
E.	(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)

<p>A. Full Name (Last, First, Middle Initial) of Payee <u>DMM Media</u></p> <p>Mailing Address of Payee <u>3299 K Street NW, Ste 200</u></p> <p>City State Zip Code <u>Washington DC 20007</u></p> <p>Name of Employer Occupation _____</p>	<p>Date of Disbursement or Obligation <u>02 / 06 / 2012</u></p> <p>Amount <u>335,250.00</u></p> <p>Communication Date <u>02 / 09 / 2012</u></p>
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Purpose of Disbursement (Including title(s) of communication(s))
"Protect" - TV Spot - Production and Media Placement

Name of Federal Candidate <u>Barack H. Obama</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: <u>CO</u> District: _____	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<p>B. Full Name (Last, First, Middle Initial) of Payee _____</p> <p>Mailing Address of Payee _____</p> <p>City State Zip Code _____</p> <p>Name of Employer Occupation _____</p>	<p>Date of Disbursement or Obligation _____</p> <p>Amount _____</p> <p>Communication Date _____</p>
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Purpose of Disbursement (Including title(s) of communication(s))

Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

SUBTOTAL of Disbursements/Obligations This Page (optional)	<div style="border: 1px solid black; padding: 5px; width: 100%;"> _____ </div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; width: 100%;"> 335250.00 </div>
(carry total from last page to Line 10)	

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
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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N/A
 PREPARER

N/A
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