

# FEC FORM 9

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

### 1. Person Making the Disbursement(s)/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

02/19/2012

5. (a) Date of Public Distribution(s)

02/19/2012

(b) Communication Title

Working

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

(e) Occupation

U.S. Chamber of Commerce

Executive Director

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

1,238,062.29

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

DATE

2/21/12

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)

PAGE 2 OF 3

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 20002
	(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)

PAGE 3 OF 3

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> DMM MEDIA LLC			<b>Date of Disbursement or Obligation</b> 02 06 2012		
<b>Mailing Address of Payee</b> 3299 K Street NW Ste 200			<b>Amount</b> 123,806.29		
<b>City</b> Washington, DC	<b>State</b> DC	<b>Zip Code</b> 20007	<b>Communication Date</b> 02 19 2012		
<b>Name of Employer</b> J			<b>Occupation</b> J		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> "Working" TV Spot - Production & Media Placement					
<b>Name of Federal Candidate</b> Barack H. Obama		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> IL <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> Judy Biggert		<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> IL <b>District:</b> 11	<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> _____			<b>Date of Disbursement or Obligation</b> _____		
<b>Mailing Address of Payee</b> _____			<b>Amount</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____	<b>Communication Date</b> _____		
<b>Name of Employer</b> _____			<b>Occupation</b> _____		
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> _____					
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b> _____		<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶			_____		
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)			123806.29		

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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