

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

American Future Fund

(b) Address (number and street) check if different than previously reported

4225 Fleur Drive, Suite 142

(c) City, State and ZIP Code

Des Moines, IA 50321

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New

or

Amended

4. Covering Period

08 27 2008

through

08 31 2008

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

08 27 2008

(b) Communication Title

"Hurting"

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

Nicole Schlinger

(b) Address (number and street)

PO Box 257

(c) City, State and ZIP Code

Brooklyn, IA 52211

(d) Name of Employer or Principal Place of Business

Campaign HQ

(e) Occupation

President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

507661.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nicole Schlinger

SIGNATURE

DATE

8/28/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

28039824021

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name Nicole Schlinger	
(b) Address (number and street) PO Box 257	
(c) City, State and ZIP Code Brooklyn, IA 52211	
(d) Name of Employer or Principal Place of Business Campaign HQ	(e) Occupation President
B. (a) Name Tim Albrecht	
(b) Address (number and street) 4225 Fleur Drive, #142	
(c) City, State and ZIP Code Des Moines, IA 50321	
(d) Name of Employer or Principal Place of Business American Future Fund	(e) Occupation Consultant
C. (a) Name Barb Smeltzer	
(b) Address (number and street) 4225 Fleur Drive, #142	
(c) City, State and ZIP Code Des Moines, IA 50321	
(d) Name of Employer or Principal Place of Business University of Dubque	(e) Occupation Student Advisor
D. (a) Name Sandy Greiner	
(b) Address (number and street) 4225 Fleur Drive, #142	
(c) City, State and ZIP Code Des Moines, IA 50321	
(d) Name of Employer or Principal Place of Business Self-Employed	(e) Occupation Farmer
E. (a) Name Cord Overton	
(b) Address (number and street) 4225 Fleur Drive, #142	
(c) City, State and ZIP Code Des Moines, IA 50321	
(d) Name of Employer or Principal Place of Business N/A	(e) Occupation Student

28039824022

SCHEDULE 9-B

PAGE OF

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Service			Date of Disbursement or Obligation 08 25 2008
Mailing Address of Payee 600 Fairmount Avenue, Suite 306			Amount 507,661.00
City Towson	State MD	Zip Code 21286	Communication Date 08 27 2008
Name of Employer		Occupation	

Purpose of Disbursement (including title(s) of communication(s))
Advertisement buy / media placement: "Hurting"

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

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation
Mailing Address of Payee			Amount
City	State	Zip Code	Communication Date
Name of Employer		Occupation	

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) ▶	507,661.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	507,661.00

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SCHEDULE 9-A
Donation(s) Received

N/A

PAGE OF

A. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt M M / D D / Y Y Y Y Amount \$. .
SUBTOTAL of Donations This Page (optional) ▶ TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	

28039824024

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.

28039824025

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<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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