

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name American Future Fund		2. FEC Identification Number C
(b) Address (number and street) <input type="checkbox"/> 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	

3. Is This Statement	<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period	0 7 3 0 2 0 0 8 through 0 8 1 2 2 0 0 8
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5. (a) Date of Public Distribution(s) **0 7 3 0 2 0 0 8** (b) Communication Title **"High" Radio**

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

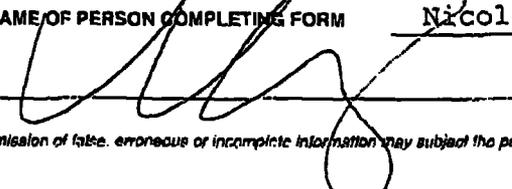
(a) Name Nicole Schlinger	
(b) Address (number and street) PO Box 257	
(c) City, State and ZIP Code Brooklyn, IA 52211	
(d) Name of Employer or Principal Place of Business Campaign HQ	(e) Occupation President

9. Total Donations This Statement **0.00**

10. Total Disbursements/Obligations This Statement **1 3 0, 1 9 5 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 7/30/08

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

FEC FORM 9 (REV. 12/2007)

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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	
(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

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SCHEDULE 9-A
Donation(s) Received

PAGE OF

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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings		Date of Disbursement or Obligation 07 28 2008	
Mailing Address of Payee 1850 M St., NW, Suite 235		Amount 2,350.00	
City Washington,	State DC	Zip Code 20036	Communication Date 07 30 2008
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) Production of Radio Advertisement: "High" Radio			
Name of Federal Candidate Mark Udall	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate Nancy Pelosi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 8th	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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 Crossroads Media LLC		Date of Disbursement or Obligation 07 29 2008	
Mailing Address of Payee 66 Canal Center Plaza, Suite 555		Amount 1,278.45	
City Alexandria,	State VA	Zip Code 22314	Communication Date 07 30 2008
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) Media advertisement placement: "High" Radio			
Name of Federal Candidate Mark Udall	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District:	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate Nancy Pelosi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 8th	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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) ▶		1,301.95	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		1,301.95	

*** Speaker Pelosi is clearly identified in the communication, but the communication is not targeted to her voting electorate.

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**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.

28039803059

<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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