



Jill Latham <jill@concordiagroupllc.com> on 09/01/2010 03:25:40 PM

To: <2022190174@fec.gov>  
cc: Jill Latham <jill@concordiagroupllc.com>

Subject: AFF FORM 9 NH

Please find attached the American Future Fund FORM 9.

Please call 515-720-5250 with any questions.

Thanks,



Jill Latham AFF FEC FORM 9 09 01 2010.pdf

10030420095

# 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 #142

(c) City, State and ZIP Code

Des Moines IA 50321

(d) Name of Employer or Principal Place of Business

Sandra Greiner

(e) Occupation

Farmer

2. FEC Identification Number

C30001028

3. Is This Statement

☒ New  
or  
☐ Amended

4. Covering Period

08 30 2010  
through

09 05 2010

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

08 31 2010

(b) Communication Title

"Scratch"

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

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

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

52,315.32

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Sandra Greiner

SIGNATURE

Sandy Greiner

DATE

8-31-2010

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

11. Person(s) Sharing/Exercising Control

A. (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
B. (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
C. (a) Name Katherine Polking	
(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
D. (a) Name Barbara 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 Dubuque	(e) Occupation Student Advisor
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-A**  
**Donation(s) Received**

PAGE **3** OF **4**

**A. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

**B. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

**C. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

**D. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

**E. Full Name of Donor**

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount

**SUBTOTAL** of Donations This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....  
 (carry total from last page to Line 9)

0.00

10030420098

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee <b>On Message, Inc</b>			Date of Disbursement or Obligation <b>08 30 2010</b>
Mailing Address of Payee <b>815 Slaters Lane</b>			Amount <b>44,974.00</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Communication Date <b>08 31 2010</b>
Name of Employer			

Purpose of Disbursement (Including title(s) of communication(s))  
**Media placement: advertising tv advertisement: "Scratch"**

Name of Federal Candidate <b>Bill Binnie</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NH</b> 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) ▶

B. Full Name (Last, First, Middle Initial) of Payee <b>On Message, Inc</b>			Date of Disbursement or Obligation <b>08 30 2010</b>
Mailing Address of Payee <b>815 Slaters Lane</b>			Amount <b>7,339.32</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Communication Date <b>08 31 2010</b>
Name of Employer			

Purpose of Disbursement (Including title(s) of communication(s))  
**Production of tv advertisement: "Scratch"**

Name of Federal Candidate <b>Bill Binnie</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NH</b> 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) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶

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

**52315.32**  
**52315.32**

10030420099

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.

<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™ or Signature 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
Next Business Day Delivery <input type="checkbox"/>	
<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): <i>e-mail</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">9/1/10</span>	Date of Receipt or Postmarked

*QSP*  
PREPARER  
(3/2005)

*9/1/10*  
DATE PREPARED

10030420100