

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name AMERICAN FUTURE FUND		2. FEC Identification Number <input type="text" value="C30001028"/>
(b) Address (number and street) <input type="checkbox"/> 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		(e) Occupation

3. Is This Statement <input type="checkbox"/> New or <input checked="" type="checkbox"/> Amended	4. Covering Period	M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 1 0
		through M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0

5. (a) Date of Public Distribution(s) / / **(b) Communication Title** Adjourn

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. Were the disbursements for the electioneering communication 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

10. Total Disbursements/Obligations This Statement

Under penalty of perjury, I certify that this statement is true, correct and complete.
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM Sandy Greiner
 SIGNATURE Electronically Filed by Sandy Greiner DATE 10/23/2010

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

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 27 / 2010		
Mailing Address of Payee 600 Fairmount Ave, Ste 306			Amount 74334.00		
City Towson	State MD	Zip Code 21286	Communication Date M M / D D / Y Y Y Y 10 / 08 / 2010		
Name of Employer		Occupation			
Transaction ID : F93.000001					

Purpose of Disbursement (including title(s) of communication(s))
TV Ad Placement

Name of Federal Candidate Bruce Braley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002			
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 McCarthy Marcus Hennings			Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 08 / 2010		
Mailing Address of Payee 1850 M Street, NW Suite 235			Amount 9647.30		
City Washington	State DC	Zip Code 20036	Communication Date M M / D D / Y Y Y Y 10 / 08 / 2010		
Name of Employer		Occupation			
Transaction ID : F93.000002					

Purpose of Disbursement (including title(s) of communication(s))
Tv Ad Production

Name of Federal Candidate Bruce Braley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004			
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 Disbursement/Obligation This Page (optional)	83981.30
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc			Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																
1	0		1	9		2	0	1	0																
Mailing Address of Payee 600 Fairmount Ave, Ste 306			Amount <table border="1"> <tr> <td colspan="10">62535.33</td> </tr> </table>			62535.33																			
62535.33																									
City	State	Zip Code																							
Towson	MD	21286																							
Name of Employer		Occupation																							
Transaction ID : F93.000003																									

Purpose of Disbursement (including title(s) of communication(s))
 TV Ad Placement

Name of Federal Candidate Bruce Braley	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA	District: 01	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000006					
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) _____

Empty space for additional disbursement entries.

SUBTOTAL of Disbursement/Obligation This Page (optional)	<table border="1"> <tr> <td>62535.33</td> </tr> </table>	62535.33
62535.33		
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<table border="1"> <tr> <td>146516.63</td> </tr> </table>	146516.63
146516.63		