

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 C 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 self-employed	(e) Occupation farmer	

3. Is This Statement
 New
 or
 Amended

4. Covering Period
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 1 0
 through
 M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** Louder
 1 0 / 1 5 / 2 0 1 0

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 _____ .00

10. Total Disbursements/Obligations This Statement _____ 19272.00

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 10/15/2010

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 <hr/> Mailing Address of Payee 600 Fairmount Ave, Ste 306 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21286</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Towson	MD	21286	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 4 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">16972.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 5 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000001	M M / D D / Y Y Y Y	1 0 / 1 4 / 2 0 1 0	16972.00	M M / D D / Y Y Y Y	1 0 / 1 5 / 2 0 1 0
City	State	Zip Code												
Towson	MD	21286												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
1 0 / 1 4 / 2 0 1 0														
16972.00														
M M / D D / Y Y Y Y														
1 0 / 1 5 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s)) Radio 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 <hr/> Mailing Address of Payee 1850 M Street, NW Suite 235 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Washington	DC	20036	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 5 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">2300.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 1 5 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000002	M M / D D / Y Y Y Y	1 0 / 1 5 / 2 0 1 0	2300.00	M M / D D / Y Y Y Y	1 0 / 1 5 / 2 0 1 0
City	State	Zip Code												
Washington	DC	20036												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
1 0 / 1 5 / 2 0 1 0														
2300.00														
M M / D D / Y Y Y Y														
1 0 / 1 5 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s)) Radio 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)	19272.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	19272.00