



Karen Blackistone <kblackistone@holtzmanlaw.net> on 04/24/2010 07:22:56 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>  
cc:

Subject: Electioneering Communications Report

Please find attached an electioneering communications report for American Future Fund.



FEC form 9- Eggs.pdf

10030313106

# 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

Sandra Greiner

(e) Occupation

Farmer

### 2. FEC Identification Number

C 30001028

### 3. Is This Statement

☒ New

or

☐ Amended

### 4. Covering Period

04 / 20 / 2010

through

04 / 23 / 2010

5. (a) Date of Public Distribution(s) 04 / 23 / 2010 (b) Communication Title "Eggs"

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, Suite 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

171,500.00

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 4/24/2010

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

10030313107

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

PAGE 2 OF 4

**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Sandy Greiner	(b) Address (number and street) 4225 Fleur Drive, Suite 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>B.</b>	(a) Name Cord Overton	(b) Address (number and street) 4225 Fleur Drive, Suite 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
<b>C.</b>	(a) Name Katherine Polking	(b) Address (number and street) 4225 Fleur Drive, Suite 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
<b>D.</b>	(a) Name Barbara Smeltzer	(b) Address (number and street) 4225 Fleur Drive, Suite 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
<b>E.</b>	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation

10030313108

**SCHEDULE 9-A**  
**Donation(s) Received**

None

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**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) .....

Amount

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

Amount 0.00

10030313109

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

PAGE 4 OF 4

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Ten Capitol		<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            04 / 20 / 2010         </div>	
<b>Mailing Address of Payee</b> 12020 Sunrise Valley Drive Suite 180		<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">           \$ 11,500.00         </div>	
<b>City</b> Reston, VA 20191	<b>State</b> VA	<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            04 / 23 / 2010         </div>	
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Production of TV advertisement: "Eggs"			
<b>Name of Federal Candidate</b> Dan Burton	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> IN <b>District:</b> 5	<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Ten Capitol		<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            04 / 20 / 2010         </div>	
<b>Mailing Address of Payee</b> 12020 Sunrise Valley Drive Suite 180		<b>Amount</b> <div style="border: 1px solid black; padding: 2px;">           \$ 160,000.00         </div>	
<b>City</b> Reston, VA 20191	<b>State</b> VA	<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;">           MM / DD / YYYY            04 / 23 / 2010         </div>	
<b>Name of Employer</b> _____		<b>Occupation</b> _____	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media placement/ advertising buy- TV: "Eggs"			
<b>Name of Federal Candidate</b> Dan Burton	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> IN <b>District:</b> 5	<b>Disbursement/Obligation For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>Name of Federal Candidate</b> _____	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ▶			
<b>TOTAL This Period (last page this line number only)</b> ..... ▶ (carry total from last page to Line 10)			
		<div style="border: 1px solid black; padding: 2px; width: fit-content;"> <b>171,500.00</b> </div>	

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>	Date of Receipt or Postmarked <i>4/24/10</i>

*PN*

PREPARER  
(3/2005)

*4/26/10*  
DATE PREPARED

10030313111