



"Karen Blackistone" <kab@holtzmanlaw.net> on 01/08/2010 06:06:25 PM

To: <2022190174@fec.gov>
cc:

Subject: FEC Form 9- American Future Fund

Attached please find Form 9 filed on behalf of American Future Fund.

Thank you,

Karen Blackistone



Holtzman Vogel PLLC FEC form 9- Issues.pdf

10030211119

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

01 06 2010
through

01 07 2010

5. (a) Date of Public Distribution(s) 01 07 2010 (b) Communication Title "Issues"

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

330,000.00

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 1/8/2010

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

10030211120

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

PAGE 2 OF 4

11. Person(s) Sharing/Exercising Control

A.	(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.	(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
C.	(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
D.	(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
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

10030211121

SCHEDULE 9-A
Donation(s) Received

None

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)

0.00

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

10030211122


SCHEDULE 9-B

PAGE 4 OF 4

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings		Date of Disbursement or Obligation 01 / 07 / 2010	
Mailing Address of Payee 1850 M Street NW, Suite 235		Amount 30,000.00	
City Washington, DC	State DC	Communication Date 01 / 07 / 2010	
Zip Code 20036			
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Production of advertisement: "Issues"			
Name of Federal Candidate Martha Coakley	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate Scott Brown	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 Mentzer Media		Date of Disbursement or Obligation 01 / 06 / 2010	
Mailing Address of Payee 600 Fairmont Avenue, Suite 306		Amount 300,000.00	
City Towson, MD	State MD	Communication Date 01 / 07 / 2010	
Zip Code 21286			
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Media placement/ advertising buy: "Issues"			
Name of Federal Candidate Martha Coakley	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate Scott Brown	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MA District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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) ▶		330,000.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		330,000.00	

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>1/8/10</i>
 PREPARER	<i>1/11/10</i> DATE PREPARED