



Jill Latham <jill@concordiagroupllc.com> on 08/13/2010 05:31:28 PM

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

Subject: FEC FORM 9 Report - AFF

Please find attached FEC FORM 9 Report for American Future Fund.

If you have any questions, please call 515-720-5250.

Thanks,
Jill Latham



FEC FORM 9 AFF 08 13 2010.pdf

10030410326



**American
Future Fund**
Advocating Conservative,
Free Market Ideals

To:

FEC

From:

AFF

Fax:

202-219-0174

Pages:

5

Phone:

Date:

08-13-2010

Re:

FEC Form 9 EC Report

cc:

Urgent

For Review

Please Comment

Please Reply

Comments:

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 Iowa 50321

(d) Name of Employer or Principal Place of Business

Sandra Greiner

(e) Occupation

Farmer

2. FEC Identification Number

030001028

3. Is This Statement

New

or

Amended

4. Covering Period

08 09 2010

through

08 24 2010

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

08 12 2010

(b) Communication Title

"Teeth"

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 Iowa 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

50,885.00

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

8/13/2010

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

10030410328

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

10030410329

SCHEDULE 9-A
Donation(s) Received

None

A. Full Name of Donor

Mailing Address of Donor

City **State** **Zip**

Date of Receipt

MM / DD / YYYY

Amount

B. Full Name of Donor

Mailing Address of Donor

City **State** **Zip**

Date of Receipt

MM / DD / YYYY

Amount

C. Full Name of Donor

Mailing Address of Donor

City **State** **Zip**

Date of Receipt

MM / DD / YYYY

Amount

D. Full Name of Donor

Mailing Address of Donor

City **State** **Zip**

Date of Receipt

MM / DD / YYYY

Amount

E. Full Name of Donor

Mailing Address of Donor

City **State** **Zip**

Date of Receipt

MM / DD / YYYY

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

10030410330

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

10030410331

A. Full Name (Last, First, Middle Initial) of Payee On Message Inc			Date of Disbursement or Obligation 08 09 2010
Mailing Address of Payee 815 Staters Lane			Amount 40835.00
City Alexandria	State VA	Zip Code 22314	Communication Date 08 12 2010
Name of Employer _____			Occupation _____

Purpose of Disbursement (Including title(s) of communication(s))
 Media Placement / advertising tv advertisement: "Teeth"

Name of Federal Candidate _____	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 3	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 On Message Inc			Date of Disbursement or Obligation 08 11 2010
Mailing Address of Payee 815 Staters Lane			Amount 9500.00
City Alexandria	State VA	Zip Code 22314 22314	Communication Date 08 12 2010
Name of Employer _____			Occupation _____

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

Name of Federal Candidate Steve Moak	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 3	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) ▶	50335.00
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)	50335.00

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): *E-Mail* Date of Receipt or Postmarked
8/13/12

[Signature] *8/16/12*
 PREPARER DATE PREPARED

10030410332