



Karen Blackistone <kblackistone@holtzmanlaw.net> on 05/14/2010 06:38:14 PM

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

Subject: AFF- Form 9

Attached, please find Form 9 for American Future Fund.

Karen A. Blackistone
Holtzman Vogel PLLC
540-341-8808

NOTE OUR NEW ADDRESS:
45 North Hill Drive
Suite 100
Warrenton, VA 20186

Fax: 540-341-8809
kblackistone@holtzmanlaw.net

This email contains information that is privileged and confidential. The correspondence and any attachments are intended only for the addressee. If you have received this in error, please do not read or copy these documents. Please call 540-341-8808 immediately and ask for the sender. Also, you are kindly requested to forward the message back to the sender and then delete it from your files.



FEC form 9- KY values 5.14.pdf

10030331404

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

05 / 12 / 2010

through

05 / 14 / 2010

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

05 / 13 / 2010

(b) Communication Title

"Kentucky Values"

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

12,400.00

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 5/14/2010

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

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

10030331406

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)

Amount

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

Amount

0.00

10030331407

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 4 OF 4

A. Full Name (Last, First, Middle Initial) of Payee SRCP Media				Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2010	
Mailing Address of Payee 201 North Union Street Suite 200				Amount 12,400.00	
City Alexandria, VA 22314		State VA		Zip Code 22314	
Name of Employer SRCP Media		Occupation Media Buyer		Communication Date MM / DD / YYYY 05 / 13 / 2010	
Purpose of Disbursement (Including title(s) of communication(s)) Media placement/ advertising buy- Radio: "Kentucky Values"					
Name of Federal Candidate Rand Paul		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: KY District:	
				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 _____					
Mailing Address of Payee _____					
City _____		State _____		Zip Code _____	
Name of Employer _____		Occupation _____		Date of Disbursement or Obligation MM / DD / YYYY _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
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) ▶	
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) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					
12,400.00					

10030331408

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.

Date of Receipt

☐ Hand Delivered

Postmarked

☐ USPS First Class Mail

Postmarked (R/C)

☐ USPS Registered/Certified

Postmarked

☐ USPS Priority Mail

Delivery Confirmation™ or Signature Confirmation™ Label ☐

Postmarked

☐ USPS Express Mail

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Next Business Day Delivery ☐

Date of Receipt

☐ 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 or Postmarked

☒ Other (Specify):

E-mail

5/14/10


PREPARER

5/17/10
DATE PREPARED

(3/2005)

10030331409