

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation 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 IA 50321	
3. FEC Identification Number C C90011677	
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☐ Yes ☒ No
Individual filers only	Name of Employer Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
☐ July 15 Quarterly Report
☐ October Quarterly Report
☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
2	9

 /

Y	Y	Y	Y
.	2	0	1

THROUGH

M	M
1	0

 /

D	D
3	0

 /

Y	Y	Y	Y
.	2	0	1

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

3040.12

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Sandy Greiner

10/29/2010

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

AMERICAN FUTURE FUND

Full Name (Last, First, Middle Initial) of Payee
Direct Response, LLC

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Mailing Address

2340 E. Beardsley Rd.

Amount

3040.12

City

Phoenix

State

AZ

Zip Code

85024

Purpose of Expenditure

Phone Calls

Category/
Type

Office Sought:

☒

House

State: IA

House

☐

Senate

☐

President

District: 01

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

3040.12

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

3040.12