

Jill Latham <jill@concordiagroupllc.com> on 09/08/2010 12:26:57 PM

To: <2022190174@fec.gov>

ce: Jill Latham <jill@concordiagroupllc.com>

Subject: AFF FEC FORM 9

Please find attached the American Future Fund FORM 9.

Please call 515-720-5250 with any questions.

Thanks,

Jill Latham FEC FORM 9 NY 13.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligat	ions			
(a) Name	7			
(b) Address (number and street) Check if differe	ot than previously reported	2. FEC Identification Number		
H225 Fileur Drive				
(c) Clay State and ZIP Code Des Moires A	50321	C30001028		
(d) Name of Employer or Principal Place of Business	(e) Occupati			
Sandy Greiner	tarm	er		
3. Is This Statement or Amended	4. Covering Period	1 08 2010 through		
5. (a) Date of Public Distribution(s)	(b) Communication	Title "MY Jobs"		
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:				
If the filer is an individual, unincorporate were the disbursements made exclusive				
8. Custodian of Records				
(a) Naufie				
(b) Address (number and street)				
4225 Flur Dr	ne #142			
(c) City, State and ZIP Code Des Momes 1A 50321				
(d) Name of Employer or Principal Place of Business	(e) Occupat	on		
sclf-employed	Para	nı r		
	-100			
9. Total Donations This Statement	garanga sebagai dalah da	province of the second		
10. Total Disbursements/Obligations This Sta		7.176.00		
Under penalty of perjury, I certify that this statement is true, correct and complete.				
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Sandy Green				
SIGNATURE _ Sandy been	DATE 9	-8-2010		

NOTE; Submission of false, erroneous or incomblete information may subject the person signing this statement to the penalties of 2 U.S.C. \$437g.

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SCHEDULE 9-A

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SCHEDULE 9-B Disbursement(s) Made or Obligation(s)	PAGE 4 OF 4
A. Full Name (Last, First, Middle Initial) of Payee Menter Media Scrices Inc. Mailing Address of Payee LOU Fairmount Ave Ste 304 City State Zip Code Towson MD 21286	Date of Disbursement or Obligation O 9 O 8 2010 Amount 34 476 00 Communication Date
Name of Employer Occupation Purpose of Disbursement (including title(s) of communication(s))	09 08 2010
Name of Federal Candidate Name of Federal Candidate Office Sought: Name of Federal Candidate Office Sought: House State: President President District: President	Disbursement/Obligation For: Primary General Other (specify) Disbursement/Obligation For: Primary General Other (specify)
Name of Federal Candidate Office Sought: House State; Senate District: President	Disbursement/Obligation For: Primary General Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee McCay Hy May Cush Hunnings Ital Mailing Address of Payee 1850 M St. NW Ste 235 City State Zip Code Washing Address Occupation	Date of Disbursement or Obligation O 9 O 8 2010 Amount Communication Date
Purpose of Disbursement (Including title(s) of communication(s)) Media Production of Advertisem Name of Federal Candidate Office Sought: House State: 1 Michael Allegreth District: — District: —	Diaburaement/Obligation For: Primary General
Name of Federal Candidate Office Sought: House State: Senate President Name of Federal Candidate Office Sought: House	Other (specify) > Disbursement/Obligation For: Primary General Other (specify) > Disbursement/Obligation For:
State:	Dispuisement Onlightion FOL:

Senate

SUBTOTAL of Disbursements/Obligations This Page (optional)

TOTAL This Period (last page this line number only)

(carry total from last page to Line 10)

President

District: _

Primary

Other (specify) >

General

(3/2005)

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-mai**PREPARER** DATE PREPARED