



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

To: <2022190174@fec.gov>
cc: Jill Latham <jill@concordiagroupplc.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

10030421611

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 IA 50321

2. FEC Identification Number

030001028

(d) Name of Employer or Principal Place of Business

Sandy Greiner

(e) Occupation

Farmer

3. Is This Statement

New

or

Amended

4. Covering Period

09 08 2010
through

09 14 2010

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

09 08 2010

(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: _____

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 #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

47,176.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Sandy Greiner

SIGNATURE

Sandy Greiner

DATE

9-8-2010

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

10030421612

11. Person(s) Sharing/Exercising Control

A. (a) Name Jandy Greiner	
(b) Address (number and street) 4225 Fleur Drive #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 #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 #142	
(c) City, State and ZIP Code Des Moines IA 50321	
(d) Name of Employer or Principal Place of Business na	(e) Occupation student
D. (a) Name Barbara Smeltzer	
(b) Address (number and street) 4225 Fleur Drive #142	
(c) City, State and ZIP Code Des Moines IA 50321	
(d) Name of Employer or Principal Place of Business University of Dubuque	(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

10030421613

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>B. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>C. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>D. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>E. Full Name of Donor</p> <p>_____ Mailing Address of Donor</p> <p>_____ City State Zip</p>	<p>Date of Receipt</p> <p>____/____/____</p> <p>Amount</p> <p>_____</p>
<p>SUBTOTAL of Donations This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p> <p style="text-align: right;">0 0 0</p>	

10030421614

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee

Mentzer Media Services Inc

Mailing Address of Payee

100 Fairmount Ave Ste 306

City State Zip Code

Towson MD 21286

Name of Employer Occupation

Date of Disbursement or Obligation

09 08 2010

Amount

34,676.00

Communication Date

09 08 2010

Purpose of Disbursement (Including title(s) of communication(s))

Media Placement advertising tv advertisement: "NY Jobs"

Name of Federal Candidate

Office Sought:

House

State: NY

Disbursement/Obligation For:

Primary General

Michael Allegretti

Senate

District: 13

Other (specify) >

President

Name of Federal Candidate

Office Sought:

House

State: _____

Disbursement/Obligation For:

Primary General

Senate

District: _____

Other (specify) >

President

Name of Federal Candidate

Office Sought:

House

State: _____

Disbursement/Obligation For:

Primary General

Senate

District: _____

Other (specify) >

President

B. Full Name (Last, First, Middle Initial) of Payee

McCarthy Marcus Hennings Ltd

Mailing Address of Payee

1850 M St. NW, Ste 235

City State Zip Code

Washington DC 20036

Name of Employer Occupation

Date of Disbursement or Obligation

09 08 2010

Amount

12,500.00

Communication Date

09 08 2010

Purpose of Disbursement (Including title(s) of communication(s))

Media Production of tv advertisement: "NY Jobs"

Name of Federal Candidate

Office Sought:

House

State: NY

Disbursement/Obligation For:

Primary General

Michael Allegretti

Senate

District: 13

Other (specify) >

President

Name of Federal Candidate

Office Sought:

House

State: _____

Disbursement/Obligation For:

Primary General

Senate

District: _____

Other (specify) >

President

Name of Federal Candidate

Office Sought:

House

State: _____

Disbursement/Obligation For:

Primary General

Senate

District: _____

Other (specify) >

President

SUBTOTAL of Disbursements/Obligations This Page (optional) >

47,176.00


TOTAL This Period (last page this line number only) >

(carry total from last page to Line 10)

47,176.00

10030421615

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
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<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<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>9/8/10</i>
 PREPARER	<i>9/8/10</i> DATE PREPARED

10030421616