

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

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30001028

3. Is This Statement

New
or
 Amended

4. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2012
through
M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

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

M M M / D D D / Y Y Y Y Y Y
10 / 26 / 2012

(b) Communication Title

Stand

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 (e) Occupation
Self-employed Farmer

9. Total Donations This Statement

_____,_____,_____.00

10. Total Disbursements/Obligations This Statement

_____,_____,350000.00

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Peter Christopher Winkelman

SIGNATURE Peter Christopher Winkelman

[Electronically Filed] DATE 10/27/2012

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)

11. Person(s) Sharing/Exercising Control

A. (a) Name Sandy Greiner	Transaction ID : F91.000001
(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 Allison Kleis	Transaction ID : F91.000002
(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 Consultant

C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

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

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee Something Else Strategies Media & Communications</p> <p>Mailing Address of Payee 112 Lantern Ridge Drive</p> <p>City State Zip Code Easley SC 29642</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s)) TV ad production & placement: "Strong"</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ Barack Obama <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President</p> <p>Transaction ID : F94.000002</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/></p> <p>Amount <input type="text" value="350000.00"/></p> <p>Communication Date <input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/></p> <p>Transaction ID : F93.000001</p> <p>Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>B. Full Name (Last, First, Middle Initial) of Payee</p> <p>Mailing Address of Payee</p> <p>City State Zip Code</p> <p>Name of Employer Occupation</p> <p>Purpose of Disbursement (Including title(s) of communication(s))</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President</p>	<p>Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Amount <input type="text"/></p> <p>Communication Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p> <p>Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____</p>
<p>SUBTOTAL of Disbursements/Obligations This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)</p>	