

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

(e) Occupation

2. FEC Identification Number

C 30001028

3. Is This Statement

New

or

Amended

4. Covering Period

1 0 2 4 2 0 0 8

through

1 0 2 8 2 0 0 8

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

1 0 2 8 2 0 0 8

(b) Communication Title "1 Million" & "16,000"

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

Nicole Schlinger

(b) Address (number and street)

PO Box 257

(c) City, State and ZIP Code

Brooklyn, IA 52211

(d) Name of Employer or Principal Place of Business

Campaign HQ

(e) Occupation

President

9. Total Donations This Statement

0 00

10. Total Disbursements/Obligations This Statement

2 0 0 0 0 0 0 0

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nicole Schlinger

SIGNATURE

DATE

10/28/08

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

FEC FORM 9 (REV. 12/2007)

28039903644

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

<p>A. (a) Name Nicole Schlinger</p>	
<p>(b) Address (number and street) PO Box 257</p>	
<p>(c) City, State and ZIP Code Brooklyn, IA 52211</p>	
<p>(d) Name of Employer or Principal Place of Business Campaign HQ</p>	<p>(e) Occupation President</p>
<p>B. (a) Name Tim Albrecht</p>	
<p>(b) Address (number and street) 4225 Fleur Drive, #142</p>	
<p>(c) City, State and ZIP Code Des Moines, IA 50321</p>	
<p>(d) Name of Employer or Principal Place of Business American Future Fund</p>	<p>(e) Occupation Consultant</p>
<p>C. (a) Name Barb Smeltzer</p>	
<p>(b) Address (number and street) 4225 Fleur Drive, #142</p>	
<p>(c) City, State and ZIP Code Des Moines, IA 50321</p>	
<p>(d) Name of Employer or Principal Place of Business University of Dubque</p>	<p>(e) Occupation Student Advisor</p>
<p>D. (a) Name Sandy Greiner</p>	
<p>(b) Address (number and street) 4225 Fleur Drive, #142</p>	
<p>(c) City, State and ZIP Code Des Moines, IA 50321</p>	
<p>(d) Name of Employer or Principal Place of Business Self-Employed</p>	<p>(e) Occupation Farmer</p>
<p>E. (a) Name Cord Overton</p>	
<p>(b) Address (number and street) 4225 Fleur Drive, #142</p>	
<p>(c) City, State and ZIP Code Des Moines, IA 50321</p>	
<p>(d) Name of Employer or Principal Place of Business N/A</p>	<p>(e) Occupation Student</p>

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SCHEDULE 9-A
Donation(s) Received

N/A

PAGE OF

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

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

28039903646

SCHEDULE 9-B

PAGE 3 OF 3

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee McCarthy Marcus Hennings		Date of Disbursement or Obligation 1 0 2 4 2 0 0 8	
Mailing Address of Payee 1850 M Street, NW, Suite 235		Amount 2 4 0 0 0 0 0	
City Washington, DC 20036	State DC	Communication Date 1 0 2 8 2 0 0 8	
Name of Employer N/A			
Purpose of Disbursement (Including title(s) of communication(s)) Production of advertisement: "1 Million" & "16,000"			
Name of Federal Candidate George Miller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CA</u> District: <u>07</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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 Mentzer Media		Date of Disbursement or Obligation 1 0 2 4 2 0 0 8	
Mailing Address of Payee 600 Fairmont Ave, Suite 306		Amount 1 7 6 0 0 0 0 0	
City Towson	State MD	Communication Date 1 0 2 8 2 0 0 8	
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) Advertisement buy / media placement: "1 Million" & "16,000"			
Name of Federal Candidate George Miller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>CA</u> District: <u>07</u>	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" 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)		2 0 0 0 0 0 0 0	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		2 0 0 0 0 0 0 0	

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**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.

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	Delivery Confirmation™ Label <input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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