

**HOLTZMAN VOGEL JOSEFIAK PLLC**

Attorneys at Law

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Warrenton, VA 20186  
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f/540-341-8809

July 13, 2012

Federal Election Commission  
Reports Analysis Division  
999 E Street, NW  
Washington, DC 20463

**Re: American Future Fund July 15<sup>th</sup> Quarterly Report**

Dear RAD,

American Future Fund (FEC ID: C30001028) submitted its July 15<sup>th</sup> Quarterly Report via fax to the FEC this afternoon, July 13, 2012. The enclosed is an exact copy of the report faxed on July 13<sup>th</sup> and is intended only as a paper filing to supplement the original faxed report. This is *not* an amendment to the July Quarterly Report already submitted.

Please contact me if I may be of any assistance. Thank you.

Sincerely,



P. Christopher Winkelman

Counsel to American Future Fund

Enclosures

RECEIVED  
2012 JUL 16 AM 10:27  
FEC MAIL CENTER

12030844675

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED

2012 JUL 16 AM 10:27  
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation <b>American Future Fund</b>		3. FEC Identification Number  <b>C 3 0 0 0 1 0 2 8</b>
(b) Address (number and street) check if different than previously reported <b>4225 Fleur Dr.#142</b>		
(c) City, State and ZIP Code <b>Des Moines, IA 50321</b>		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Individual filers only	Name of Employer	Occupation

12030844676

4. TYPE OF REPORT (check appropriate boxes):

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

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

0 4 0 1 2 0 1 2  
THROUGH  
0 6 3 0 2 0 1 2

6. TOTAL CONTRIBUTIONS ..... 0 0 0

7. TOTAL INDEPENDENT EXPENDITURES ..... 5 0 0 6 9 4 5

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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
<u>Sandy Greiner</u>	<u>Sandy Greiner, President</u>	<u>7-15-12</u>

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-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
**American Future Fund**

12030844677

A. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee.		C	
Name of Employer		Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee.		C	
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee.		C	
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee.		C	
Name of Employer		Occupation	

SUBTOTAL of Receipts This Page (optional) .....			▶
TOTAL This Period (last page carry total to Line 6) .....			▶ 0 0 0

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

American Future Fund

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

Direct Response, LLC

Date

0 5 0 7 2 0 1 2

Mailing Address

2340 E. Beardsley Rd. Suite 100

Amount

City State Zip Code  
Phoenix AZ 85024 , 2 0 3 8 , 2 8

Purpose of Expenditure  
GOTV phone calls.

Category/  
Type 0 0 4

Office Sought:  House State: IN  
 Senate District: 5  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

David McIntosh

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 2 0 3 8 2 8

Disbursement For:  Primary  General  
Other (specify) ▶ \_\_\_\_\_

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

Direct Response, LLC

Date

0 5 0 7 2 0 1 2

Mailing Address

2340 E. Beardsley Rd. Suite 100

Amount

City State Zip Code  
Phoenix AZ 85024 , 2 2 , 3 4 1 , 8 7

Purpose of Expenditure  
GOTV phone calls.

Category/  
Type 0 0 4

Office Sought:  House State: IN  
 Senate District: \_\_\_\_\_  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Mourdock

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 2 2 3 4 1 8 7

Disbursement For:  Primary  General  
Other (specify) ▶ \_\_\_\_\_

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

Direct Response, LLC

Date

0 5 0 8 2 0 1 2

Mailing Address

2340 E. Beardsley Rd. Suite 100

Amount

City State Zip Code  
Phoenix AZ 85024 , 1 8 7 5 4 8

Purpose of Expenditure  
GOTV phone calls.

Category/  
Type 0 0 4

Office Sought:  House State: IN  
 Senate District: 5  
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

David McIntosh

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 3 9 1 3 7 6

Disbursement For:  Primary  General  
Other (specify) ▶ \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

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

12030844678

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**American Future Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Direct Response, LLC</b>		Date <b>0 5 0 8 2 0 1 2</b>
Mailing Address <b>2340 E. Beardsley Rd. Suite 100</b>		Amount <b>, 2 3, 8 1 3, 8 2</b>
City <b>Phoenix</b>	State <b>AZ</b>	
Purpose of Expenditure <b>GOTV phone calls.</b>	Category/ Type <b>0 0 4</b>	Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: <u>IN</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Richard Mourdock</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>4 6 1 5 5 6 9</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>, 5 0 0 6 9 4 5</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<b>, . . . . .</b>
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	<b>, 5 0 0 6 9 4 5</b>

1203084679

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date  
*7/13/12*  
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

  
PREPARER  
(3/2005)

*7/16/12*  
DATE PREPARED

12030844680