

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

| | | |
|---|--|---|
| (a) Name AMERICAN FUTURE FUND | | 2. FEC Identification Number C C30001028 |
| (b) Address (number and street) <input type="checkbox"/> 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 |

3. Is This Statement

New
or
 Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0
through
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y M M / D D / Y Y Y Y (b) Communication Title Adjourn

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. Were the disbursements for the electioneering communication 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

10. Total Disbursements/Obligations This Statement

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 Electronically Filed by Sandy Greiner DATE 10/20/2010

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

SCHEDULE 9-B

Disbursement(s) Made or Obligations

| | | | | | | | | | | | | | |
|--|------------|----------|----------|--------|----|-------|------------------|------------|--|---------------------|---------------------|---------------------|---------------------|
| A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc <hr/> Mailing Address of Payee 600 Fairmount Ave, Ste 306 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Towson</td> <td>MD</td> <td>21286</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table> | City | State | Zip Code | Towson | MD | 21286 | Name of Employer | Occupation | Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 7 / 2 0 1 0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">74334.00</div> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 0 8 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000001 | M M / D D / Y Y Y Y | 0 9 / 2 7 / 2 0 1 0 | M M / D D / Y Y Y Y | 1 0 / 0 8 / 2 0 1 0 |
| City | State | Zip Code | | | | | | | | | | | |
| Towson | MD | 21286 | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| M M / D D / Y Y Y Y | | | | | | | | | | | | | |
| 0 9 / 2 7 / 2 0 1 0 | | | | | | | | | | | | | |
| M M / D D / Y Y Y Y | | | | | | | | | | | | | |
| 1 0 / 0 8 / 2 0 1 0 | | | | | | | | | | | | | |

| | | | |
|---|----------------|--|--|
| Purpose of Disbursement (including title(s) of communication(s)) TV Ad Placement | | | |
| Name of Federal Candidate Bruce Braley | Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: IA District: 01 Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| F94.000002 | | | |
| 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 McCarthy Marcus Hennings <hr/> Mailing Address of Payee 1850 M Street, NW Suite 235 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20036</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table> | City | State | Zip Code | Washington | DC | 20036 | Name of Employer | Occupation | Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 0 8 / 2 0 1 0</td> </tr> </table> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9647.30</div> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0 / 0 8 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.000002 | M M / D D / Y Y Y Y | 1 0 / 0 8 / 2 0 1 0 | M M / D D / Y Y Y Y | 1 0 / 0 8 / 2 0 1 0 |
| City | State | Zip Code | | | | | | | | | | | |
| Washington | DC | 20036 | | | | | | | | | | | |
| Name of Employer | Occupation | | | | | | | | | | | | |
| M M / D D / Y Y Y Y | | | | | | | | | | | | | |
| 1 0 / 0 8 / 2 0 1 0 | | | | | | | | | | | | | |
| M M / D D / Y Y Y Y | | | | | | | | | | | | | |
| 1 0 / 0 8 / 2 0 1 0 | | | | | | | | | | | | | |

| | | | |
|--|----------------|--|--|
| Purpose of Disbursement (including title(s) of communication(s)) TV Ad Production | | | |
| Name of Federal Candidate Bruce Braley | Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: IA District: 01 Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| F94.000004 | | | |
| 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 Disbursement/Obligation This Page (optional) | <div style="border: 1px solid black; padding: 2px;">83981.30</div> |
| TOTAL This Period (last page this line number only) (carry total from last page to line 10) | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> |

SCHEDULE 9-B

Disbursement(s) Made or Obligations

| | | | | | |
|---|-------|----------|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc | | | Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0 | | |
| Mailing Address of Payee 600 Fairmount Ave, Ste 306 | | | Amount 198750.00 | | |
| City | State | Zip Code | Communication Date M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 1 0 | | |
| Towson | MD | 21286 | Transaction ID : F93.000003 | | |
| Name of Employer Occupation | | | | | |

Purpose of Disbursement (including title(s) of communication(s))
 TV Ad Placement

| | | | |
|---|--|---------------------------------|---|
| Name of Federal Candidate Bruce Braley | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: IA District: 01 | Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| F94.000006 | | | |
| 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 Disbursement/Obligation This Page (optional) | | 198750.00 |
| TOTAL This Period (last page this line number only) (carry total from last page to line 10) | | 282731.30 |