

# 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 **10 6 7 2008** through **10 08 2008**

5. (a) Date of Public Distribution(s) **10 08 2008** (b) Communication Title **Fiscal Responsibility**

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**

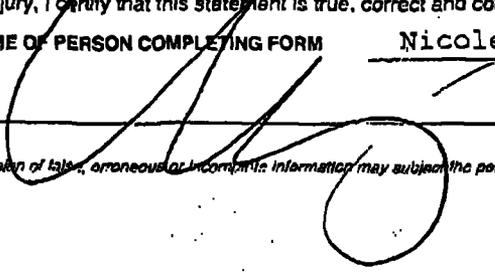
(e) Occupation  
**President**

9. Total Donations This Statement **0 00**

10. Total Disbursements/Obligations This Statement **3 2 7 1 8 7 50**

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 10/9/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 6437g.

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

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name Nicole Schlinger	(e) Occupation President
	(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	
<b>B.</b>	(a) Name Tim Albrecht	(e) Occupation Consultant
	(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 American Future Fund	
<b>C.</b>	(a) Name Barb Smeltzer	(e) Occupation Student Advisor
	(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 Dubque	
<b>D.</b>	(a) Name Sandy Greiner	(e) Occupation Farmer
	(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	
<b>E.</b>	(a) Name Cord Overton	(e) Occupation Student
	(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	

SCHEDULE 9-A  
Donation(s) Received

N/A

PAGE OF

<p><b>A. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>B. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>C. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>D. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>E. Full Name of Donor</b></p> <p>_____</p> <p><b>Mailing Address of Donor</b></p> <p>_____</p> <p>City _____ State _____ Zip _____</p>	<p><b>Date of Receipt</b></p> <p>____/____/____</p> <p><b>Amount</b></p> <p>_____</p>
<p><b>SUBTOTAL of Donations This Page (optional)</b> ..... ▶</p> <p>_____</p> <p><b>TOTAL This Period (last page this line number only)</b> ..... ▶</p> <p>(carry total from last page to Line 8)</p> <p>_____</p>	

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Hanon McKendry				<b>Date of Disbursement or Obligation</b> 10 07 2008	
<b>Mailing Address of Payee</b> 25 Ottawa SW, Suite 600				<b>Amount</b> 2968750	
<b>City</b> Grand Rapids	<b>State</b> MI	<b>Zip Code</b> 49503		<b>Communication Date</b> 10 08 2008	
<b>Name of Employer</b>  <b>Occupation</b>  					
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Production of advertisement: Fiscal Responsibility					
<b>Name of Federal Candidate</b> Mark Udall	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> CO	<b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>  	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  	<b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>  	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  	<b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b> Mentzer Media				<b>Date of Disbursement or Obligation</b> 10 07 2008	
<b>Mailing Address of Payee</b> 600 Fairmont Ave, Suite 306				<b>Amount</b> 29750000	
<b>City</b> Towson	<b>State</b> MD	<b>Zip Code</b> 21286		<b>Communication Date</b> 10 08 2008	
<b>Name of Employer</b>  <b>Occupation</b>  					
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Advertisement buy / media placement: Fiscal Responsibility					
<b>Name of Federal Candidate</b> Mark Udall	<b>Office Sought:</b> <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> CO	<b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>  	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  	<b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>  	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b>  	<b>District:</b>  	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>				32718750	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)				32718750	

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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 type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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N/A  
 PREPARER

N/A  
 DATE PREPARED



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