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 [X] New or [ ] Amended

4. Covering Period 10 07 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) [X] 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 327187.50

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. §437g.

FEC FORM 9 (REV. 12/2007)

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