

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 1 5 2 0 0 8
through

1 0 1 6 2 0 0 8

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

1 0 1 6 2 0 0 8

(b) Communication Title

No Education

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 Schlenger

(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

1 0 4 6 8 7 5 0

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nicole Schlenger

SIGNATURE

DATE

10/16/08

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)

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

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A.	
(a) Name	Nicole Schlenger
(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
B.	
(a) Name	Tim Albrecht
(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
(e) Occupation	Consultant
C.	
(a) Name	Barb Smeltzer
(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
(e) Occupation	Student Advisor
D.	
(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
E.	
(a) Name	Cord Overton
(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
(e) Occupation	Student

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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 MM / DD / YYYY Amount \$
B. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
C. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount \$
SUBTOTAL of Donations This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	

SCHEDULE 9-B

PAGE 3 OF 3

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Hanon McKendry		Date of Disbursement or Obligation 10/15/2008	
Mailing Address of Payee 25 Ottawa SW, Suite 600		Amount 29687.50	
City Grand Rapids	State MI	Zip Code 49503	Communication Date 10/16/2008
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) Production of advertisement: No Education			
Name of Federal Candidate Mark Udall	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District:	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 10/15/2008	
Mailing Address of Payee 600 Fairmont Ave, Suite 306		Amount 75000.00	
City Towson	State MD	Zip Code 21286	Communication Date 10/16/2008
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) Advertisement buy / media placement: No Education			
Name of Federal Candidate Mark Udall	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District:	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)		104687.50	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		104687.50	

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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