



"jerry" <geiercpa@swbell.net> on 09/18/2008 03:23:26 PM

To: <2022190174@fec.gov>
cc:

Subject: FEC Form 9

Greetings:

Attached is a pdf file for FEC form 9 dated September 19, 2008.



Jerry Geier AmericasMajority.pdf

28039834050

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name AMERICAS MAJORITY
(b) Address (number and street) check if different than previously reported
8640 TRAVIS
(c) City, State and ZIP Code OVERLAND PARK, KS 66212
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

2. FEC Identification Number

C

3. Is This Statement

New
or
 Amended

4. Covering Period

09 10 2008
through
09 19 2008

5. (a) Date of Public Distribution(s) 09 19 2008 (b) Communication Title WHY?

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 RICHARD NADLER
(b) Address (number and street) 8640 TRAVIS
(c) City, State and ZIP Code OVERLAND PARK, KS 66212
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

4,392.38

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

GERALD GEIER

SIGNATURE

Gerald Geier

DATE

9-19-2008

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

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

11. Person(s) Sharing/Exercising Control

A.	(a) Name RICHARD NADLER	(e) Occupation DIRECTOR
	(b) Address (number and street) 8640 TRAVIS ST	
	(c) City, State and ZIP Code OVERLAND PARK, KS 66212	
	(d) Name of Employer or Principal Place of Business AMERICAS MAJORITY FOUNDATION	
B.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
C.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
D.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee KXPK-FM		Date of Disbursement or Obligation 09' 15' 2008
Mailing Address of Payee 777 GRANT ST 5TH FLOOR		Amount 24,225.00
City DENVER, CO	State CO	Zip Code 80203
Name of Employer NIA		Occupation NIA
Purpose of Disbursement (Including title(s) of communication(s)) RADIO AIR TIME - WHY?		
Name of Federal Candidate BARACK OBAMA	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	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	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	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 KMXA-AM		Date of Disbursement or Obligation 09' 15' 2008
Mailing Address of Payee 5660 GREENWOOD PLAZA		Amount 726.75
City ENGLEWOOD, CO	State CO	Zip Code 80111
Name of Employer NIA		Occupation NIA
Purpose of Disbursement (Including title(s) of communication(s)) RADIO AIR TIME - WHY?		
Name of Federal Candidate BARACK OBAMA	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	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	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	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		_____
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		_____

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

28039834054

A. Full Name (Last, First, Middle Initial) of Payee KJMN-FM		Date of Disbursement or Obligation 09 / 19 / 2008	
Mailing Address of Payee 777 GRANT ST 5TH FLOOR		Amount 1,243.13	
City DENVER, CO	State CO	Zip Code 80203	
Name of Employer N/A		Occupation N/A	
Purpose of Disbursement (Including title(s) of communication(s)) RADIO AIR TIME - WHY?			
Name of Federal Candidate BARACK OBAMA	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ 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		Date of Disbursement or Obligation	
Mailing Address of Payee		Amount	
City	State	Zip Code	
Name of Employer		Occupation	
Purpose of Disbursement (Including title(s) of communication(s))			
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) ▶
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) ▶		_____	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		_____	

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
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<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
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>9/18/08</i>

EA
 PREPARER

9/19/08
 DATE PREPARED

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