



"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

28039834057

# 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 WHAT WE WANT

### 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

### 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.

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

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

28039834059

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 1 OF 2

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br>KXPK-FM                                    |  |   |  | <b>Date of Disbursement or Obligation</b><br>09/15/2008   |  |
| <b>Mailing Address of Payee</b><br>777 GRANT ST 5TH FLOOR  |  |   |  | <b>Amount</b><br>24,225.00  |  |
| <b>City</b><br>DENVER, CO  |  | <b>State</b><br>CO  |  | <b>Zip Code</b><br>80203  |  |
| <b>Name of Employer</b><br>N/A   |  |   |  | <b>Communication Date</b><br>09/19/2008   |  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br>RADIO AIR TIME - WHAT WE WANT |  |   |  |   |  |
| <b>Name of Federal Candidate</b><br>BARACK OBAMA   |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input checked="" type="checkbox"/> President |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |  |
| <b>Name of Federal Candidate</b><br>(blank)  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶            |  |
| <b>Name of Federal Candidate</b><br>(blank)  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶            |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>B. Full Name (Last, First, Middle Initial) of Payee</b><br>KMXA-AM                                    |  |   |  | <b>Date of Disbursement or Obligation</b><br>09/15/2008   |  |
| <b>Mailing Address of Payee</b><br>5660 GREENWOOD PLAZA  |  |   |  | <b>Amount</b><br>7,267.50   |  |
| <b>City</b><br>ENGLEWOOD, CO   |  | <b>State</b><br>CO  |  | <b>Zip Code</b><br>80111  |  |
| <b>Name of Employer</b><br>N/A   |  |   |  | <b>Communication Date</b><br>09/19/2008   |  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br>RADIO AIR TIME - WHAT WE WANT |  |   |  |   |  |
| <b>Name of Federal Candidate</b><br>BARACK OBAMA   |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input checked="" type="checkbox"/> President |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |  |
| <b>Name of Federal Candidate</b><br>(blank)  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶            |  |
| <b>Name of Federal Candidate</b><br>(blank)  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶            |  |

|   |  |  |  |
|---|--|--|--|
| <b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ▶                                     |  |  |  |
| <b>TOTAL This Period (last page this line number only)</b> ▶<br>(carry total from last page to Line 10) |  |  |  |

28039834060

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 2 OF 2

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>A. Full Name (Last, First, Middle Initial) of Payee</b><br><u>KJMN-FM</u>                                    |  |   |  | <b>Date of Disbursement or Obligation</b><br><div style="border: 1px solid black; padding: 2px;">09/13/2008</div>   |  |
| <b>Mailing Address of Payee</b><br><u>777 GRANT ST 5TH FLOOR</u>  |  |   |  | <b>Amount</b><br><div style="border: 1px solid black; padding: 2px;">1,243.13</div>   |  |
| <b>City</b><br><u>DENVER, CO</u>  |  | <b>State</b><br><u>CO</u>   |  | <b>Zip Code</b><br><u>80203</u>   |  |
| <b>Name of Employer</b><br><u>NIA</u>   |  |   |  | <b>Communication Date</b><br><div style="border: 1px solid black; padding: 2px;">09/19/2008</div>   |  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br><u>RADIO AIR TIME - WHAT WE WANT</u> |  |   |  |   |  |
| <b>Name of Federal Candidate</b><br><u>BARACK OBAMA</u>   |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input checked="" type="checkbox"/> President |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |
| <b>Name of Federal Candidate</b><br>_____   |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |
| <b>Name of Federal Candidate</b><br>_____   |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President            |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____            |  |


|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>B. Full Name (Last, First, Middle Initial) of Payee</b><br>_____              |  |  |  | <b>Date of Disbursement or Obligation</b><br><div style="border: 1px solid black; padding: 2px;"> </div>   |  |
| <b>Mailing Address of Payee</b><br>_____   |  |  |  | <b>Amount</b><br><div style="border: 1px solid black; padding: 2px;"> </div>   |  |
| <b>City</b><br>_____   |  | <b>State</b><br>_____  |  | <b>Zip Code</b><br>_____   |  |
| <b>Name of Employer</b><br>_____   |  |  |  | <b>Communication Date</b><br><div style="border: 1px solid black; padding: 2px;"> </div>   |  |
| <b>Purpose of Disbursement (Including title(s) of communication(s))</b><br>_____ |  |  |  |  |  |
| <b>Name of Federal Candidate</b><br>_____  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |
| <b>Name of Federal Candidate</b><br>_____  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |
| <b>Name of Federal Candidate</b><br>_____  |  | <b>Office Sought:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | <b>Disbursement/Obligation For:</b><br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) _____ |  |

|   |  |   |
|---|--|---|
| <b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> ..... ➤                                     |  | <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> |
| <b>TOTAL This Period (last page this line number only)</b> ..... ➤<br>(carry total from last page to Line 10) |  |   |

28039834061

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                                      |
| <input type="checkbox"/> USPS Registered/Certified  | Postmarked (R/C)                                |
| <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<br><i>9/18/08</i> |
| <br>PREPARER | <i>9/19/08</i><br>DATE PREPARED                 |

(3/2005)

28039834062