



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

To: <2022190174@fcc.gov>
cc:

Subject: FEC Form 9

Greetings:

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



Jerry Geier AmericasMajority.pdf

28039834071

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

LATIN AMERICAN MADE

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

439,238

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)

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

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

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 2

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	Communication Date 09 / 19 / 2008		
Name of Employer N/A			Occupation N/A		
Purpose of Disbursement (Including title(s) of communication(s)) RADIO AIR TIME - LATIN AMERICAN TRADE					
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 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	Communication Date 09 / 19 / 2008		
Name of Employer N/A			Occupation N/A		
Purpose of Disbursement (Including title(s) of communication(s)) RADIO AIR TIME - LATIN AMERICAN TRADE					
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) _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)					
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)					

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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 2 OF 2

A. Full Name (Last, First, Middle Initial) of Payee KJMN-FM				Date of Disbursement or Obligation 09 / 15 / 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				Communication Date 09 / 19 / 2008	
Purpose of Disbursement (Including title(s) of communication(s)) RADIO AIR TIME - LATIN AMERICAN TRADE					
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 _____				Date of Disbursement or Obligation ____ / ____ / ____	
Mailing Address of Payee _____				Amount _____	
City _____		State _____		Zip Code _____	
Name of Employer _____				Communication Date ____ / ____ / ____	
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		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) _____	
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)					

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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
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	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
<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>
<i>ER</i> PREPARER	<i>9/19/08</i> DATE PREPARED

(3/2005)

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