

"jerry" <geiercpa@swbell.net> on 09/29/2008 04:19:34 PM

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To: <2022190174@fec.gov> cc:

Subject: FEC From 9

Greetings:

Attached is a pdf file for FEC form 9 dated September 29, 2008



Jerry Geier AmerMaj9\_29\_08.pdf

## FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obliga	tions						
(a) Name							
AMERICAS MAJORITY							
(b) Address (number and street) check if differe	nt than previously reported	2. FEC Identification Number					
(c) City, State and ZIP Code	(12)2						
OVERLAND PARK, KS	66212	Lauran and the same same ' . which as foreign as \$					
(d) Name of Employer or Principal Place of Business	(e) Occup	ation					
New		9 20 2008					
3. Is This Statement or	4. Covering Period	through					
Amended	Į į	291 291 20081					
5. (a) Date of Public Distribution(s)	1 2008 (b) Communicati	on Title WHAT WE WANT					
6. The filer is a(n): (a)	corporated Organization (c)	ed Nonprofit Corporation (11 CFR 114.10)					
	44						
(d) XCorporation, Labor Organization or Qua	······································	Innunications under 11 CFR 114.15					
(e), Other, specify:							
7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, Yes No Were the disbursements made exclusively from donations to a segregated bank account?							
8. Custodian of Records							
(a) Name		·					
RICHARD NADLER							
· · · · · ·	(b) Address (number and street)						
(c) City, State and ZIP Code							
OVERLAND PACK, KS 66212							
(d) Name of Employer or Principal Place of Business	(e) Occup	ation					
	(0) 0004						
9. Total Donations This Statement	- Maria Camponia 1- 1-						
	in weiter a strategy of	ระการโลกสรร รีเขาเวลา โนยรณร์ จากระเพื่อมะสารให้เราะหรื					
10. Total Disbursements/Obligations This Sta		2.9.4.6.6.7					
Under penalty of perjury, I certify that this statement is true, correct and complete.							
TYPE OR PRINT NAME OF PERSON COMPLETING FORM GERALD GELER							
SIGNATURE Acult Te	DATE _	9-29-2008					
V · · · · ·							

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

) er	son(s) Sharing/Exercising Control		
-	(a) Name RICHARD NADLER	•	
	(b) Address (number and street) <u>8640</u> MAVIS ST (c) City, State and ZIP Code		
	(c) City, State and ZIP Code ON ERLAND PANK, KS 66212 (d) Name of Employer or Principal Place of Business		
	(d) Name of Employer or Principal Place of Business AMERIUAS MAJDIMITY FOUNDATION	(e) Occupation DIVECTOR	
В.	(a) Name		
	(b) Address (number and street)		
	(c) City, State and ZIP Code		
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
<b>C.</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	
D.	(a) Name		
	(b) Address (number and street)	<u></u>	
	(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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FEC FORM 9 (REV. 12/2007)

SCHEDULE 9-B Disbursement(s) Made or Obligation(s)	PAGE OF Z
A. Full Name (Last, First, Middle Initial) of Payee          KRMX AM         Mailing Address of Payee         30 N, ELECTIONIC AL         City       State         PUEBLO WEST       Co         Name of Employer       Occupation         N/A         Purpose of Disbursement (Including title(s) of communication(s))         IVADIO AIL TIME - WHAT WE WANT         Name of Federal Candidate       Office Sought         BARACK OBAMA       District	Date of Disbursement or Obligation
Name of Federal Candidate       Office Sought       House       State:         Senate       District:	Disbursement/Obligation For: Primary General Other (specify) Disbursement/Obligation For: Primary General Other (specify) Other (specify)
B. Full Name (Last, First, Middle Initial) of Payee <u>KEXO AM</u> Maiting Address of Payee <u>315 KENNEDY AVE</u> City State Zip Code <u>GAND JVNCTON LO 81501</u> Name of Employer Occupation <u>A /A</u> Purpose of Disbursement (Including title(s) of communication(s)) RADO AIN TIME - WHAT WE WANT	Date of Disbursement or Obligation
Name of Federal Candidate       Office Sought       House       State:         BARACK       0 BAMA       Senate       District:         Name of Federal Candidate       Office Sought       House       State:         President       District:	Disbursement/Obligation For:         Primary       ✓ General         Other (specify) ▶         Disbursement/Obligation For:         Primary       General         Other (specify) ▶         Disbursement/Obligation For:         Primary       General         Other (specify) ▶         Disbursement/Obligation For:         Primary       General         Other (specify) ▶         Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)	

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FEC FORM 9 (REV. 12/2007)

SCHEDULE 9-B Disbursement(s) Made or Obligation(s)	PAGE 2 OF 2
A. Full Name (Last, First, Middle Initial) of Payee <u>KBNO AM</u> Mailing Address of Payee <u>600 GRANT ST SUITE 600</u> City State Zip Code <u>DENUER</u> <u>CO 80203</u> Name of Employer <u>N/A</u>	Date of Disbursement or Obligation D 4 29 2008 Amount Communication Date D 0 6 1 2008
Purpose of Disbursement (Including title(s) of communication(s))         Image: Register of Paderal Candidate         Name of Federal Candidate         Office Sought         House         Senate         District:         President	Disbursement/Obligation For:
Name of Federal Candidate       Office Sought:       House       State:         Senate       District:       President         Name of Federal Candidate       Office Sought:       House         Name of Federal Candidate       Office Sought:       State:         Senate       District:       State:         District:       State:       State:	Disbursement/Obligation For.  Primary General  Other (specify)  Disbursement/Obligation For:  Primary General
L President B. Full Name (Last, First, Middle Initial) of Payee <u>KNKN FM</u> Mailing Address of Payee <u>30 N, ELECTNONIL M</u> City State Zip Code <u>PVEBLO WEST</u> <u>CO</u> 81007	Other (specify) ► Date of Disbursement or Obligation [0'3] (2'3) (2'3'0'8) Amount Amount
Name of Employer A /A Purpose of Disbursement (Including title(s) of communication(s)) RADO AIL TIME - WHAT WE WANT	Communication Date
Name of Federal Candidate     Office Sought:     House     State:       BARACK     0 BAMA     District:        Name of Federal Candidate     Office Sought:     House     State:	Disbursement/Obligation For: Primary General Other (specify) > Disbursement/Obligation For:
Name of Federal Candidate       Office Sought:       House       State:         Name of Federal Candidate       Office Sought:       House       State:         President       President       District:	Primary       General         Other (specify) ▶         Disbursement/Obligation For:         Primary       General         Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)	10,2000

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FEC FORM 9 (REV. 12/2007)

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.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation <sup>™</sup> or Signature Confirmation <sup>™</sup> Label				
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business I	Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	eipt or Postmarked			
En	9/30/08			
(3/2005)	DATE PREPARED			

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