

Rec'd
8/26/20

ORDER

106.3 KQDS WMFG

Orders
Order / Rev: 438242
Alt Order #:
Product Desc:
Estimate:
Flight Dates: 09/07/20 - 11/02/20
Original Date / Rev: 08/18/20 / 08/18/20
Order Type: GENERAL

WMFG-FM
Primary AE: House Hibbing
Sales Office: HIBNG
Sales Region: Local

Agency
Name: Farnsworth for State Representative D
Buying Contact: Robert Farnsworth
Billing Contact:
 PO Box 324
 Hibbing, MN 55746

Billing Type: Cash
Billing Calendar: Calendar
Billing Cycle: EOM/EOC
Agency Commission: 0%

Advertiser
Name: Farnsworth for State Representative D
Demographic: HH
Product Codes: PL1
Revenue Code 1: DIR
Revenue Code 2: POL
Revenue Code 3: CAND
Priority: SEL

New Business Thru: 08/05/17
Advertiser External ID:
Agency External ID:
Unit Code: General
Order Separation: 00:35:00

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
09/01/20	09/30/20	28	\$224.00	\$224.00
10/01/20	10/31/20	36	\$288.00	\$288.00
11/01/20	11/02/20	4	\$32.00	\$32.00

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
September 2020	28	\$224.00	\$224.00	0.00
October 2020	36	\$288.00	\$288.00	0.00
November 2020	4	\$32.00	\$32.00	0.00
Totals	68	\$544.00	\$544.00	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
House Hibbing			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	WMFG	09/07/20	11/02/20	M-Su 6a-7p M-Su 6a-7p	CM	6a-7p	-----	:30	0	\$8.00	150	0.00	NM	68	\$544.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
		Week: 09/07/20	09/13/20	4-4----		8				\$8.00		0.00			
		Week: 09/14/20	09/20/20	-4-4---		8				\$8.00		0.00			
		Week: 09/21/20	09/27/20	4-4----		8				\$8.00		0.00			
		Week: 09/28/20	10/04/20	-4-4---		8				\$8.00		0.00			
		Week: 10/05/20	10/11/20	4-4----		8				\$8.00		0.00			
		Week: 10/12/20	10/18/20	-4-4---		8				\$8.00		0.00			
		Week: 10/19/20	10/25/20	4-4----		8				\$8.00		0.00			
		Week: 10/26/20	11/01/20	-4-4---		8				\$8.00		0.00			
		Week: 11/02/20	11/08/20	4-----		4				\$8.00		0.00			
													Totals	68	\$544.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.
 I, ROBERT FARNSWORTH, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: ROBERT FARNSWORTH

Authorized committee: COMMITTEE TO ELECT ROBERT FARNSWORTH

Agency requesting time (and contact information):
 N/A

Candidate's political party: REPUBLICAN

Office sought (no acronyms or abbreviations): STATE REPRESENTATIVE

Date of election: 11-3-2020 General Primary

Treasurer of candidate's authorized committee: REBECCA WHITE

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):
 the candidate listed above who is a legally qualified candidate, or
 the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and
 (3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency	Station Representative
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>ROBERT FARNSWORTH</u>	Name: <u>KRISTI WESTREM UP/6m</u>
Date of Request to Purchase Ad Time: <u>8-25-20</u>	Date of Station Agreement to Sell Time: <u>8-25-20</u>

Federal Candidate Certification:

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

Candidate/Authorized Committee/Agency

Signature:

Name:

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: _____

Federal candidate certification signed (above): Yes No N/A

Disposition:

- Accepted
- Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*
- Rejected – provide reason (optional): _____

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag): _____

Contract #: 438242	Station Call Letters: WMEG FM	Date Received/Requested: 8/25/20
Est. #:	Station Location: Hibiscus	Run Start and End Dates: 9/7 - 11/2

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.