

**ISSUE (Non-candidate) ADVERTISEMENT
AGREEMENT FORM**

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

Check one:

- communicates a message relating to any political matter of STATE importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level.
- Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Station time requested by:

Agency name: BLUE EARTH MARKETING
 Address: 600 4TH ST, STE 201 SIOUX CITY, IA 51101
 Contact: Cheryle Power Phone number: 712-301-2262 Email: cpowere@blueearthmarketing.com

Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):

Name: KEEP THE MONEY IN NEBRASKA COMMITTEE
 Address: 301 S 12TH ST #140
 Contact: LYNNE McNALLY Phone number: 402-449-3398 Email: info@keepthecurrency.com

Station is authorized to announce the time as paid for by such person or entity.

List ALL of the chief executive officers or members of the executive committee or board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.):

LYNNE McNALLY
LANCE MORGAN

By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s).

If ad refers to a federal candidate(s) or federal election, list ALL of the following: N/A

Name(s) of every candidate referred to:

Office(s) sought by such candidate(s) (no acronyms or abbreviations):

Date of election: STATE ISSUE

Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary: N/A

- MEASURE 429 - Constitutional Amendment to allow games of chance in Nebraska
- MEASURE 430 - Statute to establish Nebraska Gaming Commission
- MEASURE 431 - Statute to establish tax on revenue and distribution

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

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor	Station Representative
Signature: <i>Cheryl Power</i>	Signature:
Name: <i>Cheryl Power</i>	Name:
Date of Request to Purchase Ad Time: <i>9-16-20</i>	Date of Station Agreement to Sell Time:

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received: _____

Note: Must have separate PB-19 forms (or the equivalent, e.g., addendums) for each version of the ad (i.e., for every ad with differing copy).

If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.

Disposition:

- Accepted
- Accepted IN PART (e.g., ad not received to determine content)*
- Rejected – provide reason (optional):

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

Date and nature of follow-ups, if any:

Contract #:	Station Call Letters:	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates:

For national issue ads only (not required for state/local issue ads):

Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.

Sales Order

Station: **KELN-FM** Agency: **BLUE EARTH MARKETING**
 Contract Name: **cn1009KMN KELN** Address: **Attn: Accounts Payable**
 Contract#: **(none)** **600 Fourth Street, Suite 201**
 Start Date: **10/12/20** End Date: **10/30/20** City: **Sioux City** State: **IA** Zip: **51101**
 Revenue Type: **Political Agency** Type: **Cash** Buyer: _____
 Advertiser: **KEEP THE MONEY IN NEBRASKA** Tax Schedule: **(None)**
 Address: _____ Agency Commission %: **15**
 City: _____ State: _____ Zip: _____ Billing Cycle: **Standard**
 Product Name: **October Advertising** Salesperson: **5312tman** Comm %: **0**
 Competitive Code: **Political Issue** Makegood Policy: **Within Contract Dates**

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	10/12/20	10/16/20		6:00 AM	7:00 PM	60	18	18	18	17	17			88	D	25.00	88	2,200.00	3	
2	10/19/20	10/23/20		6:00 AM	7:00 PM	60	18	17	18	17	17			87	D	25.00	87	2,175.00	3	
3	10/26/20	10/30/20		6:00 AM	7:00 PM	30	15	15	15	15	15			75	D	21.00	75	1,575.00	3	

Billing Projections: By Month

	Oct 20	Nov 20
CA	5,950.00	0.00
ST	4,375.00	1,575.00

Print Spot Prices

TOTAL SPOTS 250
 GROSS TOTAL \$ 5,950.00
 ADJUSTED SPOTS 250
 ADJUSTED TOTAL \$ 5,950.00

APPROVE DECLINE

- General Manager
- Sales Manager
- National Sales Manager
- Local Sales Manager

Sales Order

Station: **KNPQ-FM** Agency: **BLUE EARTH MARKETING**
 Contract Name: **cn1009kmn KNPQ** Address: **Attn: Accounts Payable**
 Contract#: **(none)** **600 Fourth Street, Suite 201**
 Start Date: **10/12/20** End Date: **10/30/20** City: **Sioux City** State: **IA** Zip: **51101**
 Revenue Type: **Political Agency** Type: **Cash** Buyer:
 Advertiser: **KEEP THE MONEY IN NEBRASKA** Tax Schedule: **(None)**
 Address: Agency Commission %: **15**
 City: State: Zip: Billing Cycle: **Standard**
 Product Name: **October Advertising** Salesperson: **5312tman** Comm %: **0**
 Competitive Code: **Political Issue** Makegood Policy: **Within Contract Dates**

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	10/12/20	10/16/20		6:00 AM	7:00 PM	60	18	18	18	17	17			88	D	25.00	88	2,200.00	3	
2	10/19/20	10/23/20		6:00 AM	7:00 PM	60	18	17	18	17	17			87	D	25.00	87	2,175.00	3	
3	10/26/20	10/30/20		6:00 AM	7:00 PM	30	15	15	15	15	15			75	D	21.00	75	1,575.00	3	

Billing Projections: By Month

	Oct 20	Nov 20
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TOTAL SPOTS 250
 GROSS TOTAL \$ 5,950.00
 ADJUSTED SPOTS 250
 ADJUSTED TOTAL \$ 5,950.00

APPROVE DECLINE

- General Manager
- Sales Manager
- National Sales Manager
- Local Sales Manager

Sales Order

Station: **KOOQ-AM** Agency: **BLUE EARTH MARKETING**
 Contract Name: **cn1009kmb KOOQ** Address: **Attn: Accounts Payable**
 Contract#: **(none)** **600 Fourth Street, Suite 201**
 Start Date: **10/12/20** End Date: **10/30/20** City: **Sioux City** State: **IA** Zip: **51101**
 Revenue Type: **Political Agency** Type: **Cash** Buyer: _____
 Advertiser: **KEEP THE MONEY IN NEBRASKA** Tax Schedule: **(None)**
 Address: _____ Agency Commission %: **15**
 City: _____ State: _____ Zip: _____ Billing Cycle: **Standard**
 Product Name: **October Advertising** Salesperson: **5312tman** Comm %: **0**
 Competitive Code: **Political Issue** Makegood Policy: **Within Contract Dates**

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION								RATE	TOTALS		PTY	
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk		D/W	SPOTS		\$\$
1	10/12/20	10/30/20		6:00 AM	7:00 PM	60	5	5	5	5	5			25	D	28.00	75	2,100.00	3

Billing Projections: By Month

	Oct 20	Nov 20
CA	2,100.00	0.00
ST	1,400.00	700.00

Print Spot Prices

TOTAL SPOTS **75**
 GROSS TOTAL \$ **2,100.00**
 ADJUSTED SPOTS **75**
 ADJUSTED TOTAL \$ **2,100.00**

APPROVE DECLINE

- General Manager
- Sales Manager
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- Local Sales Manager

Sales Order

Station: **KZTL-FM** Agency: **BLUE EARTH MARKETING**
 Contract Name: **cn1009kmn KZTL** Address: **Attn: Accounts Payable**
 Contract#: **(none)** **600 Fourth Street, Suite 201**
 Start Date: **10/12/20** End Date: **10/30/20** City: **Sioux City** State: **IA** Zip: **51101**
 Revenue Type: **Political Agency** Type: **Cash** Buyer:
 Advertiser: **KEEP THE MONEY IN NEBRASKA** Tax Schedule: **(None)**
 Address: Agency Commission %: **15**
 City: State: Zip: Billing Cycle: **Standard**
 Product Name: **October Advertising** Salesperson: **5312tman** Comm %: **0**
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Billing Projections: By Month

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CA	5,950.00	0.00
ST	4,375.00	1,575.00

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 GROSS TOTAL \$ 5,950.00
 ADJUSTED SPOTS 250
 ADJUSTED TOTAL \$ 5,950.00

APPROVE DECLINE

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Sales Order

Station: **KRNP-FM** Agency: **BLUE EARTH MARKETING**
 Contract Name: **cn1009kmn KRNP** Address: **Attn: Accounts Payable**
 Contract#: **(none)** **600 Fourth Street, Suite 201**
 Start Date: **10/12/20** End Date: **10/30/20** City: **Sioux City** State: **IA** Zip: **51101**
 Revenue Type: **Political Agency** Type: **Cash** Buyer: _____
 Advertiser: **KEEP THE MONEY IN NEBRASKA** Tax Schedule: **(None)**
 Address: _____ Agency Commission %: **15**
 City: _____ State: _____ Zip: _____ Billing Cycle: **Standard**
 Product Name: **October Advertising** Salesperson: **5312tman** Comm %: **0**
 Competitive Code: **Political Issue** Makegood Policy: **Within Contract Dates**

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