

**Rapid Broadcasting Company
Political Candidate Order Form**

Date	<u>1/27/15</u>	Election Type (check one)	Office Sought (check one)
Station	<u>KNBN</u>	General <input type="checkbox"/>	Federal <input type="checkbox"/>
Location	<u>Rapid City</u>	Primary <input type="checkbox"/>	State <input type="checkbox"/>
Election Date	<u>3/10/15</u>	Special <input type="checkbox"/>	Local <input checked="" type="checkbox"/>
		Runoff <input type="checkbox"/>	

Schedule of requested broadcast time should be attached to this form. Schedule should indicate the type of class the candidate wishes to purchase as well.

Name of Legally Qualified Candidate Yes on Rapid City Civic Center Expansion
 Request submitted by (check one) Candidate or Authorized Rep. Authorized Agency

Name of Authorized Representative or Agency Lawrence & Schiller
 Billing Address 3932 S Willow Ave
 City State Zip SIOUX FALLS SD 57105
 Phone 605-338-8000 Fax 605-338-8892

Payment for advertising will be made the following candidate or authorized committee of the candidate:

Payor Lawrence & Schiller c/o Civic Center Expansion Task Force

X Name of Treasurer, of Paid by Committee Pete Cappa
 Address 444 Mt. Rushmore rd., Rapid city, SD 57701

Candidate Certification

All information is true and correct to the best of my knowledge. I understand that advertising copy submitted is required to comply with FCC sponsorship identification regulations. If the station determines the sponsorship identification has not been met, I authorize Rapid Broadcasting Company to make the necessary changes. The changes will be the financial responsibility of the payor listed above. I am also aware that a copy of the order form will be placed in the station's political file for public inspection.

X Date 1/27/15 Signature [Signature]
 Candidate or Authorized Committee Representative

Station Acceptance (See attached schedule)

Accepted in Full Accepted in Part Rejected

Date _____ Signature _____
 Authorized Station Representative

Rapid Broadcasting Company Political Issue Order Form

Date: 1/27/15 Station: KNBN Location: Rapid City SD

X I, _____ hereby request to purchase broadcast time as stated on the attached schedule, on the station listed above to express a view relating to the following issue: YES ON THE
Rapid City Civic Center Expansion

I certify that this advertising (check one) Will Will Not communicate a message "relating to any political matter of national importance," including, but not limited to a reference to a legally qualified candidate for federal office, any election for a federal office, or a national legislative issue of public importance.

I hereby certify that the true identity of the person or entity by whom or on whose behalf payment for this advertising will be provided is:

Name of organization CIVIC CENTER EXPANSION TASK FORCE

X Address 444 Mt. Rushmore Road, Rapid City, SD 57701

Contact Name Pete Cappa

Phone Number 605-394-4115 Fax NA

I hereby certify that the following is a true and correct list of Executive Officers, Directors, or Executive Committee Members of the purchaser. (If additional room is needed, please attach list.)

Name of Chief Executive Officers, Directors and/or Executive Committee Members of Payor	Position	Address
<u>Pete Cappa</u>	<u>Treasurer</u>	<u>447 Mountain Shadow Plc. Rapid City, SD 57702</u>

I certify that all advertising copy submitted complies with FCC sponsorship identification regulations. If the station determines the sponsorship identification has not been met, I authorize Rapid Broadcasting Company to make the necessary changes to be in compliance. The cost to make the necessary charges is the financial responsibility of the organization listed above.

I certify that the advertising purchased pursuant to this request contains no untrue statement of fact and will not contain any false, libelous, slanderous, or defamatory material addressed to any individual or identifiable group. I hereby certify that the sponsoring organization has all rights to use all materials used in the advertising provided under this agreement. I agree to indemnify and hold harmless the station, its owners, employees, and agency from any damage, loss or liability, which might result from or be related to the broadcast of the advertising requested herein. I am aware that, should the station receive a complaint alleging that the material contained in the advertising is libelous, slanderous, or might otherwise impose any liability on the station, the station may pull the advertising while investigating such complaint, and the station may, in its sole discretion, elect not to run the entire schedule of advertising, in which case the station will refund to the sponsoring organization a pro rata share of the contract price reflecting those spots that did not air. I agree to cooperate in providing any documentation necessary for claims made in the advertising, and agree to hold the station harmless for any loss the sponsoring organization may suffer should the complete advertising schedule not air on the station.

I am aware that a copy of this Order Form may be placed in the station's political file for public inspection.

X Date 1/27/15 Signature [Signature]
Address 3932 S. Willow Ave. Spear Falls, SD 57165
Phone Number 605-338-8000

Station Acceptance (See attached schedule)

Accepted Accepted in Part Rejected

Date _____ Signature _____
Authorized Station Representative