Broadcast Contract

AXMEDIA KELLY CRAFT FOR GOVERNOR 800 W 47TH ST SUITE 200 KANSAS CITY, MO 64112

| Start Date | Contract# | Mod# |
|--------------------------------|-------------|-----------------------------------|
| 03/08/23 | 201554 | 0 |
| End Date 03/10/23 | Date Entere | Date Last Modified 03/03/23 |
| Advertiser | | Station Market |
| KELLY CRAFT FOR GOVE | | WLYE-FM |
| Product 2023 Primary Electi | on | SalesRep/Office Christal Radio |

Standard Billing Cycle Estimate# 5461

| LN | DATE | TIMES/PROGRAMS | LEN LINE RE | | /E | TH F | R S | A S | POTS VK | RATE |
|----|-------------------------|----------------|----------------|------|----|------|-----|-----|------------|---------|
| 1 | WE 03/08/23 FR 03/10/23 | 06:00A-10:00A | 30 | | Х | Χ | X | | 6 | \$19.00 |
| 2 | WE 03/08/23 FR 03/10/23 | 10:00A-03:00P | 30 | | Х | Χ | Х | | 6 | \$16.00 |
| 3 | WE 03/08/23 FR 03/10/23 | 03:00P-07:00P | 30 | | Х | Х | Х | | 6 | \$15.00 |

| Additional Comments | Total Spots | Spots Total\$ | Agency Commission | Net | Gross |
|---------------------|--------------------|---------------|--------------------------|-----------|-----------|
| | 18 | 300.00 | \$45.00 | \$ 255.00 | \$ 300.00 |

Billing Projections: By Month

Mar 23 CA 300.00 ST 300.00

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

Name

Title

Name

Title

See reverse for accepted terms and conditions, if any

Title

Page

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Mar 03, 23

CONT# 36467258 Mod# Ver# 1 (Last =) DDS CONT# 0
REP CHRISTAL RADIO C/P/E: / / 5461

TO WLYE-FM (Bowling Green/Glasgow, KY)

FM KELLI-SUSAN PARK-HEGMANN

OFF DALLAS SALESPERSON FAX#

AGY AXMEDIA TX

ADDR 800 W 47TH ST STE 200 PH #

KANSAS CITY, MO 64112

BYR TAYLOR FERNIE

ADV KELLY CRAFT FOR GOVERNOR

PDT **2023 Primary Election**FLT **Mar 06, 23 - Mar 12, 23**

* REP ORDER COMMENT *

** 3/2/2023 5:18:00 PM: NEW ORDER 3/2 - THE NEW ORDER WILL RUN WED 3/8 - FRI 3/10. PLEASE CONFIRM THE NEW ORDER AND ALERT ME OF ANY PRE-EMPTS. THANK YOU!

PLEASE INCLUDE ISCI AND ESTIMATE NUMBER ON ALL INVOICES. WE ARE SET UP TO RECEIVE INVOICES ELECTRONICALLY: TVIN VOICES ID #9916670 OR TV16670, RADIOINVOICES ID #9914861 OR RI14861, MARKETRON #184659, SPOTDATA #2095 \parallel POPULATIONBUYTYPE: CPP.

** 3/2/2023 5:18:00 PM: NEW ORDER. PLEASE CONFIRM WITHIN 24 HOURS ONLINE OR BY EMAIL AT VIRGINIA.CANIZALEZ@KATZMEDIA.COM THANKS!

| MC | LN | DAYS | TIME | LEN | EFFECTIVE DATES | # OF WKS | | RATE | TOT SPTS |
|----|-------------------|------------------------|---------------------------------|------------------------|------------------------------------------------------------------------------------------------|----------------|-------------|--------------------|-------------|
| | 1.1 1.2 1.3 | FLIGHT 1 WTF WTF | 6A - 10A 10A - 3P 3P - 7P | 30 30 30 ** W | 3/8/2023 - 3/10/2023 3/8/2023 - 3/10/2023 3/8/2023 - 3/10/2023 EEKLY FLIGHT TOTALS ** | 1W 1W 1W | 6 6 6 | \$16.00 \$15.00 | 6 6 |

| | Mar 23 | | | |
|--------------|--------|--|--|--|
| SPOTS | 18 | | | |
| CASH | 300.00 | | | |
| TRADE | 0.00 | | | |
| NSL TOTAL | 0.00 | | | |
| TOTAL | 300.00 | | | |

| | | | | TOTAL |
|-------|--|--|--|--------|
| SPOTS | | | | 18 |
| CASH | | | | 300.00 |
| TRADE | | | | 0.00 |
| NSL | | | | 0.00 |
| TOTAL | | | | 300.00 |

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DDS CONT# 0

Mar 03, 23

CONT# **36467258** Mod# Ver# **1** (Last =)
REP **CHRISTAL RADIO**

CHRISTAL RADIO C/P/E: / / 5461

** Competitive Comments **

SVC:

Demo Adults 18+

Nondiscrimination -Paragraphs 49 and 50 of the United States Federal Communications Commission's Report and Order No. 07-217 provides that broadcast stations' advertising contracts will not discriminate on the basis of race or ethnicity, and must contain nondiscrimination clauses. Consistent with this order, Katz Communications, Inc. (including any subsidiary or division of Katz) does not discriminate in any broadcast advertising contract on the basis of race or ethnicity and evaluates, negotiates and completes its broadcast advertising contracts without regard to race or ethnicity.

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CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.

| , AxMedia | , hereby request station time as follows: | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| IDENTIFY CANDIDATE TYPE | RAL CANDIDATE OR LOCAL CANDIDATE | | | | | |
| ALL QUESTIONS/BLOCK | S MUST BE COMPLETED | | | | | |
| Candidate name: | | | | | | |
| Kelly Craft | The state of the s | | | | | |
| Authorized committee: | | | | | | |
| Kelly Craft for Governor | | | | | | |
| Agency requesting time (and contact information): | | | | | | |
| N/A AxMedia | | | | | | |
| Candidate's political party: | | | | | | |
| Republican | ALL I MAKE AND A MAKE MAKE MAKE MAKE MAKE MAKE MAKE MA | | | | | |
| Office sought (no acronyms or abbreviations): | | | | | | |
| Governor of Kentucky | | | | | | |
| Date of election: May 16th, 2023 | General ✓ Primary | | | | | |
| Treasurer of candidate's authorized committee: | | | | | | |
| Frank Farris | | | | | | |
| The undersigned represents that: | | | | | | |
| (1) the payment for the broadcast time requested has been fur | nished by (check one box below): | | | | | |
| the candidate listed above who is a legally qualified car | | | | | | |
| the authorized committee of the legally qualified candidate listed above; | | | | | | |
| (2) this station is authorized to announce the time as paid for b | y such person or entity; and | | | | | |
| (3) this station has disclosed its political advertising policies, inc | | | | | | |
| 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: TAYLOR FCRNAC | Signature: BWWW | | | | | |
| Name: Taylor Fernie | Name: VIM Barrett | | | | | |
| Date of Request to Purchase Ad Time: 2/24/2023 | Date of Station Agreement to Sell Time: 3-3-23 | | | | | |

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| 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 ON | ILY | | | | | | |
| Ad submitted to Station? Yes No | | | | | | | |
| Date ad received: 3-2-23 | | | | | | | |
| Federal candidate certification signed (above): | 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 co | mplete. | | | | | | |
| Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag): | | | | | | | |
| Contract #: 201554 Station Call Letters: WLYE-FM | Date Received/Requested: 3-2-2-3 | | | | | | |
| Est. #: 546 Station Location: Run Start and End Dates: 3-8-23 to 3-10-23 | | | | | | | |
| Upload order, this form and invoice (or traffic system print-out) or other documents ruse this space to document schedule of time purchased, when spots actually aired, the purchased or attach separately. If station will not upload the actual times spots aired of a contact person who can provide that information immediately should be placed the OPIF. | the rates charged and the classes of time until an invoice is generated, the name | | | | | | |

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Merchant Email Receipt

Auto-Receipt <noreply@mail.authorize.net>

Fri 3/3/2023 8:56 AM

To: Amanda Murphy <bgtraffic@forevercom.com>;Chris Huffman <chuffman@forevercom.com>;Wilma

Payne <wpayne@forevercom.com>;Dean Elliott <delliott@forevercom.com>;Amber Watson

<awatson@forevercom.com>;Risa Lowe <rlowe@forevercom.com>;Sherry Mustain

<smustain@forevercom.com>;Kim Barrett <kbarrett@forevercom.com>;Kasey David

<kdavid@forevercom.com>;Karen Wise <kwise@forevercom.com>;Tina Updegraff

<tupdegraff@forevercom.com>

====== SECURITY STATEMENT ======

It is not recommended that you ship product(s) or otherwise grant services relying solely upon this

e-mail receipt.

====== GENERAL INFORMATION =======

Merchant: Forever Communications (2157370)

Date/Time: 3-Mar-2023 8:55:58 CST

====== ORDER INFORMATION =======

Invoice:

Description: KELLY CRAFT FOR GOVERNOR-RADIO 3.6-3.12

Amount: 255.00 (USD)

Payment Method: MasterCard xxxx9399 Transaction Type: Authorization and Capture

========= Line Items =========

========= RESULTS =========

Response: This transaction has been approved.

Auth Code: 580352

Transaction ID: 43974214722

Address Verification: Street Address: Match -- First 5 Digits of Zip: Match

=== CUSTOMER BILLING INFORMATION ===

Customer ID : First Name : Last Name :

Company: AXMEDIA TEAM

Address: 800 W 47TH STREET, SUITE 200

City: KANSAS CITY State/Province: MO Zip/Postal Code: 64112

Country : Phone : Fax :

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https://outlook.office.com/mail/inbox/id/AAMkADBINTg0ODlmL...

E-Mail: ACCOUNTS@ACCOUNTS.COM

==== CUSTOMER SHIPPING INFORMATION ===

First Name:

Last Name:

Company:

Address:

City:

State/Province :

Zip/Postal Code:

Country:

===== ADDITIONAL INFORMATION ======

Tax:

Duty:

Freight:

Tax Exempt:

PO Number:

2 of 2 3/3/2023, 9:16 AM