

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Doug Blex, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Doug Blex

Authorized committee:

Blex For Representative

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Kansas State Representative

Date of election:

November 8, 2022

General

Primary

Treasurer of candidate's authorized committee:

Barbara Brown

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

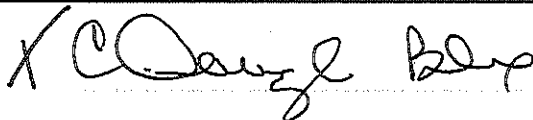
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices (not applicable to federal candidates).

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

Candidate/Committee/Agency

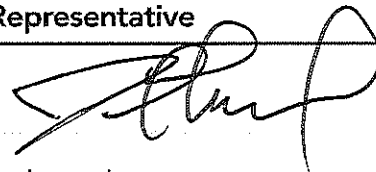
Station Representative

Signature:



Name: Doug Blex

Signature:



Name: John Leonard

Date of Request to Purchase Ad Time: Oct. 31, 2022

Date of Station Agreement to Sell Time: Oct. 31, 2022

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: Oct. 31, 2022

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

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:


*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 #: | Station Call Letters: KGGF-AM & KGGF-FM | Date Received/Requested: Oct. 31, 2022 |
| Est. #: Schedules Attached KGGF-AM: 36 ads | Station Location: Coffeyville & Fredonia, KS | Run Start and End Dates: Nov. 2, 2022 - Nov 7, 2022 |

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.

Schedules Attached KGGF-AM: 36 ads \$545.40
 KGGF-FM: 36 ads \$487.44
 Total: 72 ads \$1,032.84

AD CK# 1340 10/31/22 



306 W 8th Street
 Coffeyville, Kansas 67337
 620-251-3800
 radio@kggfradio.com
 www.KGGFradio.com

Advertising Agreement

Date 10/31/2022

Account Name BLEX FOR REPRESENTATIVE

Agency or Attn: _____

Address _____

City _____ State _____ Zip Code _____

Contact _____

Phone _____ Fax _____

Email _____

New
 Account Number _____

COOP: Yes No EI:

COOP Brand: _____

Scripts of Times or Both Regular or Standard Broadcast Month Agency: Commission? Yes No

Package Rate or Unit Rate New Order/Additional Order/Revised Order

- Toggle TFN
- Add to Avail
- Pub'd
- Wheel

Special Instructions:

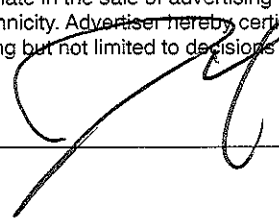
| Length | Times/Sponsorship | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. | Start | End | Rate | # of Comis. | Totals |
|--------|-------------------|------|-------|------|--------|------|------|------|-------|------|--------------------|-------------|---------------------|
| 60 | 6A-7P | 6 | | 6 | 6 | 6 | 6 | 6 | 11/2 | 11/7 | \$13 ⁵⁴ | 36 | \$487 ⁴⁴ |
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Continuity Information:

Number of Scripts/Tapes: _____ Prior Approval: Yes No

Jingle or Announcer Preferences:

The undersigned Advertiser hereby agrees to pay all monthly statements by the 15th of each month. Late charges will be assessed on overdue accounts, 1.5% per month on unpaid balances. These stations do not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising contract for a discriminatory purpose including but not limited to decisions not to place advertising on particular stations on the basis of race, national origin, or ancestry.

Sales Representative: _____


Business Signature: _____