

Sales Order

Station: **KBRK-FM** Buyer: _____
 Contract Name: **2020 ELECTION ADAMSON B** Tax Schedule: _____ (None)
 Contract#: **121882** (none) Agency Commission %: **0**
 Start Date: **10/23/20** End Date: **11/03/20** Billing Cycle: **Calendar**
 Revenue Type: **Political Sales** Type: **Cash** Salesperson: **5170cpow** Comm %: **0**
 Advertiser: **ADAMSON FOR HOUSE** Makegood Policy: **Within Contract Dates**
 Address: **PO Box 339**
 City: **Brookings** State: **SD** Zip: **57006**
 Product Name: **2020 ELECTION ADAMSON B**
 Competitive Code: **Political**

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	10/26/20	11/02/20		6:00 AM	6:00 PM	30	3	3	3	3	3	3	3	21	D	0.00	24	0.00		
2	11/03/20	11/03/20		6:00 AM	12:00 PM	30		2						2	D	0.00	2	0.00		

No	DATES		INVENTORY TYPE	ORDER BY	QTY	PRICING STRUCTURE	RATE	TOTAL
	START	END						
1	10/23/20	10/23/20	POLITICAL PACKAGE	Non Spot Item	1	Per Item	\$312.00	\$312.00

New / Revised
 Revenue Type: Political Sales
 Daypart: M-S 12:00 AM-12:00 AM

Billing Projections: By Month

	Oct 20	Nov 20
CA	312.00	0.00
ST	312.00	0.00

Print Spot Prices

TOTAL SPOTS 26
 SPOT TOTAL \$ 0.00
 ALTERNATIVE REVENUE TOTAL \$ 312.00
 GROSS TOTAL \$ 312.00
 ADJUSTED SPOTS 26
 ADJUSTED TOTAL \$ 312.00

APPROVE DECLINE

- General Manager
- Sales Manager
- Business Manager
- Traffic Director

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Bill Adamson, 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: <u>Bill Adamson</u>
Authorized committee: <u>Bill Adamson for State House DT</u>
Agency requesting time (and contact information): <input checked="" type="checkbox"/> N/A
Candidate's political party: <u>Democrat</u>
Office sought (no acronyms or abbreviations): <u>District 7 State Representative</u>
Date of election: <u>11/3/20</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary
Treasurer of candidate's authorized committee: <u>Bill Adamson</u>

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:	Signature:
Name: <u>Oct 23, 2020</u>	Name: <u>CPMERS</u>
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: <u>10/23/20</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: 10/23/20

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 #: <u>121802</u>	Station Call Letters: <u>WBRK-FM</u>	Date Received/Requested: <u>10/23/20</u>
Est. #:	Station Location: <u>Brownings SD</u>	Run Start and End Dates: <u>10/26/20-11/3/20</u>

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.