

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Michelle Skaff, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Michelle Skaff

Authorized committee: Skaff Campaign Committee

Agency requesting time (and contact information):

N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations):
Woodbury County Auditor

Date of election: June 4, 2024

General

Primary

Treasurer of candidate's authorized committee:

Mike Kuhn

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:

Michelle Skaff

Signature:

Kelli Erickson

Name: Michelle Skaff

Name: Kelli Erickson

Date of Request to Purchase Ad Time: 4/5/24

Date of Station Agreement to Sell Time: 4/5/24

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: 4/5/24

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> </u>	Station Call Letters: <u>KSCJ-KSNX-KKMA</u>	Date Received/Requested: <u>4/5/24</u>
Est. #: <u> </u>	Station Location: <u>Sioux City</u>	Run Start and End Dates: <u>5/8-6/4/2024</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.

NTR CASH TRADE NEW
 KSCJ KSUX KKMA KLEM KQNU KKYY

Client: **MICHELLE SKAFF FOR**
WOODBURY COUNTY AUDITOR
 Address: PO Box 1502
 Sioux City, IA 51102
 Contact: Michelle Skaff
 Phone #: 712-898-3084

Local Direct XXX
 Agency
 Rep Agency
 Political XXX

	Day	Date
Start	WED	5/8/24
End	TUE	6/4/24

Calendar Bill XXX CIA
 Est # SBM Billing Confirm XXX
 Contract #
 Ord # Package:

Coop: Coop/Product Name: Cart #: **2758**

ISCI Code: _____ Conflict Description: **POLITICAL/LOCAL/AUDITOR**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$11.05	30	6A-7P	5/8	5/10			5	5	5			15	15	\$165.75
\$11.05	30	6A-7P	5/13	5/14	5	5						10	10	\$110.50
\$11.05	30	6A-7P	5/29	5/31			5	5	5			15	15	\$165.75
\$11.05	30	6A-7P	6/3	6/4	5	5						10	10	\$110.50

Remarks for Invoice: _____

Total Spots:	50
Total Gross:	
Total Net:	\$552.50

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:	\$442.00	Net:	\$110.50	Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	

Sales Rep: **POLITICAL** Date: _____ Mgr: 

Internal Notes for AE: _____

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 Address: PO Box 1502
 Sioux City, IA 51102
 Contact: Michelle Skaff
 Phone #: 712-898-3084

Local Direct XXX
 Agency
 Rep Agency
 Political XXX

	Day	Date
Start	WED	5/15/24
End	TUE	6/4/24

Est # _____ Calendar Bill XXX CIA
 SBM Billing Confirm XXX
 Contract # _____
 Ord # _____ Package: _____

Coop: _____ Coop/Product Name: _____ Cart #: **2758**

ISCI Code: _____ Conflict Description: **POLITICAL/LOCAL/AUDITOR**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$12.75	30	6A-7P	5/15	5/17			5	5	5			15	15	\$191.25
\$12.75	30	6A-7P	5/20	5/21	5	5						10	10	\$127.50
\$12.75	30	6A-7P	5/29	5/31			5	5	5			15	15	\$191.25
\$12.75	30	6A-7P	6/3	6/4	5	5						10	10	\$127.50

Remarks for Invoice: _____

Total Spots:	50
Total Gross:	
Total Net:	\$637.50

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:	\$505.00	Net:	\$127.50	Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	

Sales Rep: **POLITICAL** Date: _____ Mgr: 

Internal Notes for AE: _____

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 KSCJ KSUX KKMA KLEM KQNU KKYY

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 Address: PO Box 1502
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 Contact: Michelle Skaff
 Phone #: 712-898-3084

Local Direct XXX
 Agency
 Rep Agency
 Political XXX

	Day	Date
Start	WED	5/22/24
End	TUE	6/4/24

Calendar Bill XXX CIA
 Est # SBM Billing Confirm XXX
 Contract #
 Ord # Package:

Coop: Coop/Product Name: Cart #: **2758**


ISCI Code: _____ Conflict Description: **POLITICAL/LOCAL/AUDITOR**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$9.35	30	6A-7P	5/22	5/24			5	5	5			15	15	\$140.25
\$9.35	30	6A-7P	5/28	5/29	5	5						10	10	\$93.50
\$9.35	30	6A-7P	5/29	5/31			5	5	5			15	15	\$140.25
\$9.35	30	6A-7P	6/3	6/4	5	5						10	10	\$93.50

Remarks for Invoice: _____

Total Spots:	50
Total Gross:	
Total Net:	\$467.50

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:	\$374.00	Net:	\$93.50	Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	

Sales Rep: **POLITICAL** Date: _____ Mgr: 

Internal Notes for AE: _____