

102.9 KWGO-FM
 Programmers Broadcasting, Inc.
 "Hometown Radio Group"
 624 3rd Ave SW
 Minot, ND 58701 Phone #: 701-852-7449

Order #: **3765-00002**
 Description: STATE SENATOR
 Date Entered: 10/15/2020
 P.O.#:
 Salesperson: xPOLITICAL, Pam Haberman
 Invoice Frequency: Billed at end of Cal Month, Sorted by Date

LISA FINLEY - DEVILLE STATE SENATOR

On-Air Schedule

Start Date	End Date	Station	Scheduled Time/Event	Repeated	Length	Qty	Rate	Total	M	Tu	W	Th	F	Sa	Su
10/20/2020	11/2/2020	KWGO-FM	06:00:00 to 19:00:00	CUSTOM	1:00	70	7.15	500.50	Y	Y	Y	Y	Y	Y	Y
10/20/2020	10/25/2020					30	7.15	214.50	0	5	5	5	5	5	5
10/26/2020	11/1/2020					35	7.15	250.25	5	5	5	5	5	5	5
11/2/2020	11/2/2020					5	7.15	35.75	5	0	0	0	0	0	0

Order Start Date: 10/20/2020 Order End Date: 11/2/2020 Spots: 70 Total Charges: \$500.50
 Programmers Broadcasting, Inc., KWGO, KTZU, and KBTO do not and shall not discriminate, in any way on the basis of race or gender, respecting their advertising practices.

Projected Calendar Month Billing Totals for LISA FINLEY - DEVILLE STATE SENATOR / 3765-00002 :

	<u>Spot Count</u>	<u>Net Billing</u>
October 2020	60	\$429.00
November 2020	10	\$71.50
Total:	70	\$500.50

Confirmed & Accepted for 102.9 KWGO-FM By:

Accepted for LISA FINLEY - DEVILLE STATE SENATOR By:

Please Sign and Return One Copy

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Lisa Finley - Deville, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Lisa Finley - Deville

Authorized committee:

Vote Lisa Finley - Deville

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democratic - NPL

Office sought (no acronyms or abbreviations):

District 4 Senate

Date of election:

Nov. 3, 2020

General

Primary

Treasurer of candidate's authorized committee:

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: <u>Lisa Finley - Deville</u> Name: <u>Lisa Finley - Deville</u> Date of Request to Purchase Ad Time: <u>10-15-20</u>	Signature: <u>Pam Haberman</u> Name: PAMELA HABERMAN Date of Station Agreement to Sell Time: 10/11/20

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: *Lisa Finley-Deville*

Name: *Lisa Finley-Deville*

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: _____

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: KWGO/KTZU/KBTO	Date Received/Requested: 10/20/2020
Est. #:	Station Location: MINOT, ND	Run Start and End Dates: 10/20/20-11/2/2020

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.