5 43855

STATION: KAKS-FM ORDER#: 3200433 DATE:

MARKET: Fayetteville (North West **AMOUNT: \$706.00 AGENCY:** MEDIA FINANCIAL SERVICES

Arkansas), AR

Regional Reps Non-Rep

SPOTS: 50 1655 Palm Beach Lakes Blvd.

9th FI, Suite 903

WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com

SALES OFFICE: **CHICAGO** SLS PH: 216-233-8181

SALESPERSON: Linley Grande SLS FAX:

SLS EMAIL: Linley.Grande@GenMediaPartners.com

Stn Ver: 1 Last:

CONTRACT # FOR INVOICING 4431550 AGENCY: MEDIA FINANCIAL SERVICES **AGY CLI:**

AGY PRD: MEDIA FINANCIAL SERVICES ADVERTISER: Sarah For Governor INVOICE:

PRODUCT: **AGY EST: 2000** 1655 Palm Beach Lakes Blvd. Est 2000 10/19-11/1 SARAH

HUCKABEE SANDERS RADIO 9th FI, Suite 903

WEST PALM BEACH, FL 33401

FLIGHT: 10-19-2022 TO 11/1/2022 [X]Unwired []Spot []Mod Invoices@MediaFinancial.com

TOT # OF WEEKS: 2

PRIM. DEMO: Adults 35+ [X]Cash []Trade

SPOT TYPE: LAST SENT: 09/01/2022 10:54 SEC. DEMO:

COMMENTS

REP:

MOD:

09/01/2022: New order. Same NAB and creative as before. Please confirm within 24 hours in RX if you are set up or to emma.morrow@genmediapartners.com with your stn call letters. Thanks!

09/01/2022: PopulationBuyType: CPP.

Affidavits of Performance/Invoices are required; even for orders paid for in advance.

THIS IS AN UNWIRED NETWORK ORDER. SEND INVOICES ELECTRONICALLY OR TO INVOICES@MEDIA FINANCIAL.COM BY THE 3RD OF THE MTH AFTER THE BROADCAST MTH HAS AIRED. MFS ELECTRONIC INVOICES: RADIOINVOICES.COM: R112580 OR 9912580; MARKETRON: 120873; SpotData: IDB#1828; EMEDIATRADE: EMT10263.

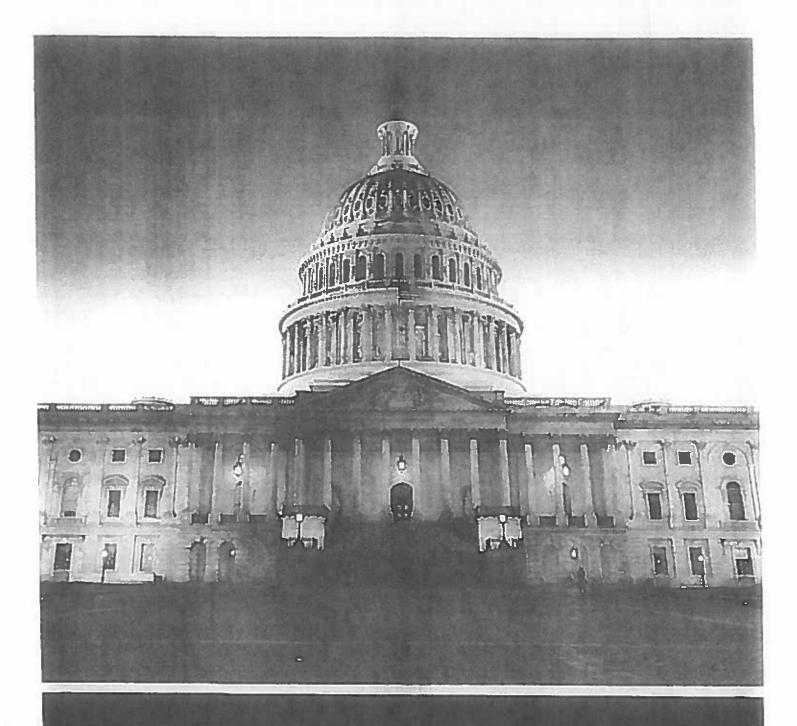
ONLY UPON PAYMENT FROM THE AGY WILL MFS REMIT TO STATION. PAYMENT TO STATION WILL BE PROCESSED WITHIN 7 DAYS AFTER RECEIPT FROM AGENCY.

Rates are agency gross. By accepting and running this order this station agrees to pay Regional Reps 15% commission on the net amount of this order. Invoices/affidavits of performance are due no later than 7 days after the end of each broadcast month.

WEEK#1-WEEK#2 10/19/2022 To 11/1/2022 WK TOT \$353.00 WK TOTAL SPOTS 25

МС	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/WK	RATE	WEEKLY TOTAL
	1		WThF/MTu	6:00AM	10:00AM	60	10/19/2022	11/1/2022	10	\$14.12	\$141.20
	2		WThF/MTu	3:00PM	7:00PM	60	10/19/2022	11/1/2022	10	\$14.12	\$141.20
	3		WThF/MTu	10:00AM	3:00PM	60	10/19/2022	11/1/2022	5	\$14.12	\$70.60

TOTAL	Oct	Nov							 Total
SPOT	50	0							50
CASH	706.00	0.00						П	706.00
TOTAL	706,00	0.00							706.00



INAB

Political Broadcast Agreement Form for Candidate Advertisements (PB-19)



Political Broadcast Agreement Form for Candidate Advertisements (PB-19)

This form may serve as a model agreement for the sale of political broadcast advertising time and to facilitate compliance with the Federal Communications Commission's (FCC) record retention requirements. Broadcasters seeking information on how the FCC's political broadcast rules and record retention requirements apply to their specific circumstances should seek the advice of their own attorney.

Please note:

You will be prompted to save this form after each entry of your electronic signature. Make sure to re-save the form if you enter any information after entering your electronic signature.

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A companion to this form is NAB's Political Broadcast Catechism. To assist with your understanding of the political advertising rules, an all-new Political Advertising Primer course will become available via Broadcast Education in March 2020.

Broadcast Education is NAB's home for online educational offerings, including live and on-demand webcasts, podcasts and certificate courses. For more information, visit <u>education.nab.org</u>.

NAB members have access to an array of member tools and benefits. To access additional member tools, please visit <u>nab.org/MemberTools</u>.

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. Se	e Invoice for actual schedule and charges.					
KATHERINE WAGNER	, hereby request station time as follows:					
(7	Thereby request station time as follows.					
FEDERAL FEDERA FEDERAL FEDERAL FEDERAL FEDERAL FEDERAL FEDERAL FEDERAL FEDERAL	AL CANDIDATE					
IDENTIFY CANDIDATE TYPE STATE (OR LOCAL CANDIDATE					
ALL QUESTIONS/BLOCKS	MUST BE COMPLETED					
Candidate name:						
Sarah Huckabee Sanders						
Authorized committee:						
Sarah For Governor						
Agency requesting time (and contact information):						
N/A MEDIUM BUYING						
Candidate's political party:						
REPUBLICAN						
Office sought (no acronyms or abbreviations):						
GOVERNOR						
Date of election	✓ General Primary					
11/8/22						
Treasurer of candidate's authorized committee:						
CALE TURNER PO BOX 26340 LITTLE ROCK, AR 72221 (501) 4	00-7390					
The undersigned represents that						
(1) the payment for the broadcast time requested has been furn	nished by (check one box below):					
the candidate listed above who is a legally qualified can	didate, or					
the authorized committee of the legally qualified candid	date 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 (not applicable to federal candidate						
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY					
Candidate/Committee/Agency	Station Representative					
Signature:	Signature:					
Kalnenne Wagner, MEDIUM BUYING Details agreed by Patherne Wagner MEDIUM BUYING Details 2022 682 64 09 08-64 00	Flower Theyry					
Name: KATHERINE WAGNER	Name: LANCE Gresory					
Date of Request to Purchase Ad Time: 8/26/22	Date of Station Agreement to Sell Time: 8/30/22					

The undersigned to an opposing of for a duration of the candidate approadcast or if re	candidate or, if it does at least four seconds oproved the broadcas adio programming, co	s, (2) contains a clearly ider and a simultaneously disp st and that the candidate a	ntifiable photograp layed printed state and/or the candida catement by the ca	o this disclosure either (1) does not refer oh or similar image of the candidate ement identifying the candidate, that te's authorized committee paid for the ndidate that identifies the candidate,	
Candidate/Au	thorized Committe	ee/Agency			
Signature:					
Name:	- 22				
Date:					
	THE REAL PROPERTY.	TO BE COMPLETED	BY STATION (ONLY	1
Ad submitted to	Station?	Yes No	Date ad received	d:	
Note: Must ha	ve separate PB-19	Forms for each version	of the ad (i.e., fo	r every ad with differing copy).	
Federal candida	ste certification signe	d (above): Yes	No	N/A	
Disposition					
Accept			1-4	8 P**\ 1 w	
	ed – provide reason:	copy not yet received to c	determine sponsor	10)*	
	provide 1 0 0 0 0 1 1				
*Uplead partial	ly accepted form, the	en promptly upload updat	ed final form wher	complete.	
				·	
Date and natur	e of follow-ups, if any	/ (e.g., insufficient sponsor	· ID tag):		
Contract #:	43855	Station Call Letters	KMK>	Date Received/Requested: 9-1-22	
Est.#:	2000	Station Location:	GOSHEN, AR	Run Start and End Dates;	
use this space purchased or a	to document schedu attach separately. If st	le of time purchased, whe ation will not upload the a	n spots actually air actual times spots a	ents reflecting this transaction to the OPIF red, the rates charged and the classes of tile area until an invoice is generated, the name aced in the "Terms and Disclosures" folder	me 1e