

43854 J

STATION:	KAKS-FM	ORDER#:	3200432	DATE:	09/01/2022
MARKET:	Fayetteville (North West Arkansas), AR	AMOUNT:	\$706.00	AGENCY:	MEDIA FINANCIAL SERVICES
REP:	Regional Reps Non-Rep	SPOTS:	50	1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com	
MOD:	Stn Ver: 1 Last:	SLS PH:	216-233-8181		
SALES OFFICE:	CHICAGO	SLS FAX:			
SALESPERSON:	Linley Grande				
SLS EMAIL:	Linley.Grande@GenMediaPartners.com				
AGENCY:	MEDIA FINANCIAL SERVICES	AGY CLI:		CONTRACT # FOR INVOICING 4431549	
ADVERTISER:	Sarah For Governor	AGY PRD:		INVOICE: MEDIA FINANCIAL SERVICES	
PRODUCT:	Est 1999 10/5-10/18 SARAH HUCKABEE SANDERS RADIO	AGY EST:	1999	1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com	
FLIGHT:	10-05-2022 TO 10/18/2022	[X]Unwired []Spot []Mod			
TOT # OF WEEKS: 2					
PRIM. DEMO:	Adults 35+	[X]Cash []Trade			
SEC. DEMO:		SPOT TYPE:		LAST SENT: 09/01/2022 10:54	

COMMENTS

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; RI12580 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 10/5/2022 To 10/18/2022 WK TOT \$353.00 WK TOTAL SPOTS 25

MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/WK	RATE	WEEKLY TOTAL
	1		WThF../MTu	6:00AM	10:00AM	60	10/5/2022	10/18/2022	10	\$14.12	\$141.20
	2		WThF../MTu	3:00PM	7:00PM	60	10/5/2022	10/18/2022	10	\$14.12	\$141.20
	3		WThF../MTu	10:00AM	3:00PM	60	10/5/2022	10/18/2022	5	\$14.12	\$70.60

TOTAL	Oct										Total
SPOT	50										50
CASH	706.00										706.00
TOTAL	706.00										706.00



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 [education.nab.org](https://www.nab.org/education).

NAB members have access to an array of member tools and benefits. To access additional member tools, please visit [nab.org/MemberTools](https://www.nab.org/MemberTools).

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, KATHERINE WAGNER, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

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:

11/8/22

General

Primary

Treasurer of candidate's authorized committee:

CALE TURNER PO BOX 26340 LITTLE ROCK, AR 72221 (501) 400-7390

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
<p>Signature: Katherine Wagner, MEDIUM BUYING <small>Digitally signed by Katherine Wagner, MEDIUM BUYING Date: 2022.08.26 09:19:08 -0400</small></p> <p>Name: KATHERINE WAGNER</p> <p>Date of Request to Purchase Ad Time: 8/26/22</p>	<p>Signature: </p> <p>Name: LANCE GREGORY</p> <p>Date of Station Agreement to Sell Time: 8/30/22</p>

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: _____

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 #:	43854	Station Call Letters:	KAKS-FM	Date Received/Requested:	9-1-22
Est. #:	1999	Station Location:	GOSHEN, AR	Run Start and End Dates:	10/5/22 - 10/18/22

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.