

## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐

FEDERAL CANDIDATE

☒

STATE/LOCAL CANDIDATE

**To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3**

<b>Station and Location:</b> <span style="font-size: 1.2em;">KAPB FM 97.7</span>	<b>Date:</b> <span style="font-size: 1.2em;">9-27-19</span>
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I, Donald Milligan

being/on behalf of: Donald Milligan, a legally

qualified candidate of the Republican political

party for the office of: State Rep.

in the Primary

election to be held on: 10-12-19

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
60	36 spots	12 days		3x's	

<b>Total Charges:</b> <sup>(2)</sup> <span style="font-size: 1.2em;">\$300.00</span> <sup>(2)</sup> <span style="font-size: 1.2em;">288.00</span> <sup>(2)</sup> <span style="font-size: 1.2em;">\$8.00</span> per spot
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For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

I represent that the payment for the above described broadcast time has been furnished by:

and you are authorized to announce the time as paid for by such person or entity.  
I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional 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.**

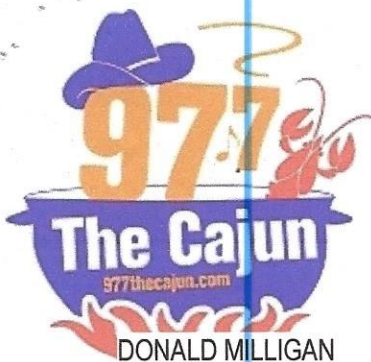
**To Be Signed By Candidate or Authorized Committee**

9/27/19      [Signature]  
Date      Signature

**To Be Signed By Station Representative**

☒ Accepted      ☐ Accepted in Part      ☐ Rejected

[Signature]      Smici Sherman      Office Manager  
Signature      Printed Name      Title



P O BOX 7  
MARKSVILLE, LA. 71351  
318-253-5272

## KAPB FM Order Confirmation

OrderID: 0970-001

Sponsor: DONALD MILLIGAN  
Product: DONALD MILLIGAN  
Estimate/PO:  
AccountRep: HOUSE  
BillingCycle: Calendar Month  
InvoiceType: None-Statement Only  
Run Dates: 9/27/2019 - 10/12/2019  
Items Ordered: 36  
Ordered Amount: \$288.00

Scheduled Station(s): KAPB FM  
DONALD MILLIGAN

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 9/30/2019 - 10/12/2019	All Weeks	06:00 AM - 07:00 PM	3	3	3	3	3	3		18	:30	Spot		COM-DA0485	36	8.00	288.00

### Calendar Month Projected Billing:

Jul-19	0.00	Aug-19	0.00	Sep-19	24.00	Q3-2019	24.00
Oct-19	264.00	Nov-19	0.00	Dec-19	0.00	Q4-2019	264.00