



**STANDARD BROADCAST ORDER FORM**

DATE: 9/28/2020

STATION: KJAN-AM – Atlantic, IA  
COMPANY: Biden for President  
PRODUCT: \_\_\_\_\_  
COMMERCIAL LENGTH: 30's \_\_\_\_\_ 60's xx Other, Specify \_\_\_\_\_  
Times Per Day \_\_\_\_\_ Time(s) of Day: 6AM-7PM, ag programming  
Times Per Week 18  
Number of Weeks 4 Start 10/6/2020 End 11/3/2020  
Total # of Spots 72

**SPECIAL INSTRUCTION**

1) PLEASE E-MAIL ALL BILLS AND AFFIDAVITS TO: chris@iowaAgriBusinessRadioNetwork.com

If you need to send a hardcopy, please send to: Iowa Agribusiness Radio Network  
24 East Avenue #1350  
New Canaan, CT 06840

2) PLEASE SIGN AND E-MAIL A COPY OF THIS FORM TO: chris@iowaAgriBusinessRadioNetwork.com  
or FAX to #860-619-2745

3) Standard Broadcast Calendar – Final Sunday Billing

4) Times affidavits required.

5) Please specify on invoice: Biden for President

*THANKS!*  
*Chris*

Any questions, please call Chris Belisle; 860-619-2745, or email chris@iowaAgriBusinessRadioNetwork.com

Net Rate	Weekly	Total Contract
- :60	Cost	Cost
<u>\$15.00</u>	<u>\$270.00</u>	<u>\$1080.00</u>

KJAN has agreed to air two :60 barter spots per day when network provides spots which will come in a separate order.

Affiliate agrees to place programming in best position available based on affiliation agreement. That agreement requests placement of spot in the following priority; (1) inside or adjacent to IABN supplied ag programming, (2) inside or adjacent to local station or other source of ag programming, (3) inside or adjacent to weather or local news, within the day part of the order.

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Kelly Polce, hereby request station time as follows:

**IDENTIFY CANDIDATE TYPE**

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Joe Biden

Authorized committee:

Joe Biden for President

Agency requesting time (and contact information):

N/A GMMB

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

President

Date of election:

11/3/2020

General

Primary

Treasurer of candidate's authorized committee:

Greg Schultz

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:

*Kelly Polce*

Signature:

*Jim Field*

Name: Kelly Polce

Name:

*JIM FIELD*

Date of Request to Purchase Ad Time: 9/14/2020

Date of Station Agreement to Sell Time: *9-28-20*

**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:

*Kelly Polce*

Name: Kelly Polce

Date: 9/14/2020

**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 #:	Station Call Letters: <i>KJAN</i>	Date Received/Requested: <i>9-28-20</i>
Est. #:	Station Location: <i>ATLANTA, GA</i>	Run Start and End Dates: <i>10-6-20 11-3-20</i>

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.