

NW 1

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Fernando Alvarado, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Fernando Alvarado

Authorized committee:

Fernando For MN

Agency requesting time (and contact information):

N/A

Candidate's political party:

DFL

Office sought (no acronyms or abbreviations):

Senate District 17

Date of election:

November 3, 2020

General

Primary

Treasurer of candidate's authorized committee:

Anita Flowe

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.

**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:

*Fernando Alvarado*

Signature:

*Victoria Hibma*

Name: Fernando Alvarado

Name: Victoria Hibma

Date of Request to Purchase Ad Time:

9/21/2021

Date of Station Agreement to Sell Time:

9/21/2020

**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: Fernando Alvarado

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No

Date ad received: 9/21/2020

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 (optional):

\*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):

<b>Contract #:</b> 31515	<b>Station Call Letters:</b> KWLM	<b>Date Received/Requested:</b> 9/21/2020
<b>Est. #:</b>	<b>Station Location:</b> Willmar, MN	<b>Run Start and End Dates:</b> 9/23/2020 - 10/13/2020

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.

# Sales Order

Station: **KWLM-AM** Buyer: \_\_\_\_\_  
 Contract Name: **ALVARADO MN COMMITTEE KW-01** Tax Schedule: \_\_\_\_\_ (None)  
 Contract#: **31515** Agency Commission %: **0**  
 Start Date: **8/12/20** End Date: **10/13/20** Billing Cycle: **Calendar**  
 Revenue Type: **POLITICAL** Type: **Cash** Salesperson: **1444ckit** Comm %: **17**  
 Advertiser: **FERNANDO ALVARADO MN COMMITTEE** Makegood Policy: **Within Contract Dates**  
 Address: **PO Box 3022**  
 City: **Willmar** State: **MN** Zip: **56201**  
 Product Name: \_\_\_\_\_  
 Competitive Code: **POLITICAL**

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							RATE	TOTALS		PTY		
	START	END		START	END		M	T	W	T	F	SA	SU		Per Wk	D/W		SPOTS	\$\$
1	8/12/20	8/16/20		6:00 AM	10:00 AM	30			1	1	1			3	D	15.30	3	45.90	2
2	8/12/20	8/16/20		10:00 AM	3:00 PM	30			1	1	1			3	D	15.30	3	45.90	2
3	8/12/20	8/16/20		3:00 PM	7:00 PM	30			1	1	1			3	D	15.30	3	45.90	2
4	8/24/20	10/11/20	X	6:00 AM	10:00 AM	30	1	1	1	1	1			5	D	15.30	20	306.00	2
Run Weeks of: 8/24 9/07 9/21 10/05																			
5	8/24/20	10/11/20	X	10:00 AM	3:00 PM	30	1	1	1	1	1			5	D	15.30	20	306.00	2
Run Weeks of: 8/24 9/07 9/21 10/05																			
6	8/24/20	10/11/20	X	3:00 PM	7:00 PM	30	1	1	1	1	1			5	D	15.30	20	306.00	2
Run Weeks of: 8/24 9/07 9/21 10/05																			
7	8/16/20	9/19/20	X	6:00 AM	10:00 AM	30		1	1	1		1	1	5	D	15.30	15	229.50	2
Run Weeks of: 8/16 8/30 9/13																			
8	8/16/20	9/19/20	X	10:00 AM	3:00 PM	30		1	1	1		1	1	5	D	15.30	15	229.50	2
Run Weeks of: 8/16 8/30 9/13																			
9	8/16/20	9/19/20	X	3:00 PM	7:00 PM	30		1	1	1		1	1	5	D	15.30	15	229.50	2
Run Weeks of: 8/16 8/30 9/13																			
10	9/27/20	10/13/20		6:00 AM	10:00 AM	30		1	1	1		1	1	5	D	15.30	7	107.10	2
Run Weeks of: 9/27 10/11																			
11	9/27/20	10/13/20		10:00 AM	3:00 PM	30		1	1	1		1	1	5	D	15.30	7	107.10	2
Run Weeks of: 9/27 10/11																			
12	9/27/20	10/13/20		3:00 PM	7:00 PM	30		1	1	1		1	1	5	D	15.30	7	107.10	2
Run Weeks of: 9/27 10/11																			

## Billing Projections: By Month

	Aug 20	Sep 20	Oct 20
CA	642.60	1,009.80	413.10
ST	642.60	918.00	504.90

Print Spot Prices

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TOTAL SPOTS ..... 135  
GROSS TOTAL \$ ..... 2,065.50  
ADJUSTED SPOTS ..... 135  
ADJUSTED TOTAL \$ ..... 2,065.50

- APPROVE    DECLINE
- General Manager
  - Sales Manager
  - National Sales Manager
  - Local Sales Manager