

CONTRACT



KSSM-FM
 608 Moody Lane
 Temple, TX 76504
 (254) 773-5252

<u>Contract / Revision</u> 2093488 /		<u>Alt Order #</u>
<u>Advertiser</u> Clayton Tucker for State Senate		<u>Original Date / Revision</u> 10/01/20 / 10/01/20
<u>Contract Dates</u> 10/13/20 - 11/03/20	<u>Estimate #</u>	
<u>Product</u> Tucker for Texas		
<u>Billing Cycle</u> EOM/EOC	<u>Billing Calendar</u> Calendar	<u>Cash/Trade</u> Cash
<u>Property</u> KSSM-FM	<u>Account Executive</u> House Killeen-Temple	<u>Sales Office</u> Local Killeen-Te
<u>Special Handling</u>		
<u>Demographic</u> Households		
<u>Agy Code</u>	<u>Advertiser Code</u>	<u>Product 1/2</u>
<u>Agency Ref</u>	<u>Advertiser Ref</u>	

And:

Clayton Tucker for State Senate
 PO Box 10399
 Killeen, TX 72909

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/Week	Rate	Type	Spots	Amount
N 1	KSSM	10/13/20	11/03/20	M-F Midday	10a-3p		:30			NM	20	\$360.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
Week:		10/12/20	10/18/20	-1111--				4	\$18.00			
Week:		10/19/20	10/25/20	1111--				5	\$18.00			
Week:		10/26/20	11/01/20	1111--				5	\$18.00			
Week:		11/02/20	11/08/20	33-----				6	\$18.00			
N 2	KSSM	10/13/20	11/03/20	M-F PM Drive	3p-7p		:30			NM	20	\$340.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
Week:		10/12/20	10/18/20	-1111--				4	\$17.00			
Week:		10/19/20	10/25/20	1111--				5	\$17.00			
Week:		10/26/20	11/01/20	1111--				5	\$17.00			
Week:		11/02/20	11/08/20	33-----				6	\$17.00			
N 3	KSSM	11/02/20	11/03/20	M-F AM Drive	6a-10a		:30			NM	4	\$68.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
Week:		11/02/20	11/08/20	22-----				4	\$17.00			
N 4	KSSM	10/30/20	10/30/20	M-F Midday	10a-3p		1:00			NM	1	\$17.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
Week:		10/26/20	11/01/20	----1--				1	\$17.00			
N 5	KSSM	10/30/20	10/30/20	M-F PM Drive	3p-7p		1:00			NM	1	\$17.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
Week:		10/26/20	11/01/20	----1--				1	\$17.00			
Totals											46	\$802.00

Time Period	# of Spots	Gross Amount	Net Amount
10/01/20 - 10/31/20	30	\$524.00	\$524.00
11/01/20 - 11/03/20	16	\$278.00	\$278.00
Totals	46	\$802.00	\$802.00

Signature:  Date: 10/2/2020



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.

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

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Marco Guajardo, hereby request station time as follows:

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IDENTIFY CANDIDATE TYPE ➔ </div>	<input type="checkbox"/> FEDERAL CANDIDATE <input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE
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ALL QUESTIONS/BLOCKS MUST BE COMPLETED	
Candidate name: Clayton Tucker	
Authorized committee: Clayton Tucker Campaign Committee	
Agency requesting time (and contact information): <input checked="" type="checkbox"/> N/A	
Candidate's political party: Democratic Party	
Office sought (no acronyms or abbreviations): State Senate District 24	
Date of election: November 3, 2020	<input checked="" type="checkbox"/> General <input type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Kate Pierce-Burleson	
The undersigned represents that: (1) the payment for the broadcast time requested has been furnished by (check one box below): <input type="checkbox"/> the candidate listed above who is a legally qualified candidate, or <input checked="" type="checkbox"/> 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: <small>Digitally signed by Clayton Tucker Date: 2020.09.29 17:13:56 -05'00'</small>	Signature:
Name: Clayton Tucker	Name: LAURA WIEDERHOLD
Date of Request to Purchase Ad Time: September 29, 2020	Date of Station Agreement to Sell Time: 9-29-20

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:

Name:

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received:

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.

Commercial Received 10-8-20

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #: 2093488	Station Call Letters: KSSM-FM	Date Received/Requested: 10-1-20
Est. #:	Station Location: 608 Moody Ln., Temple, TX 76504	Run Start and End Dates: 10-13-20/11-3-2020

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.



Credit Card Authorization Form

Station/Market: KSSM Killeen, TX

Salesperson: _____

Transaction Date: October 1, 2020

Customer/Business Name and Acct # Clayton Tucker for State Senate District 24

Pay invoice number(s)/run dates: _____

Credit Card Type: ___ Visa ___ x Mastercard

Card Number: 5508 9815 6384 0484 (16 digits)

Expiration Date: 09/22 CVV2/CID Number: 186 (3 digits)

Transaction Amount: \$802.00

Card Holder's Name (as it appears on credit card):

Name: Clayton Tucker Campaign

Phone: 512-887-0007

Email: clayton@tuckerfortexas.com

Card Holder's Billing Address (as it appears on card holder's credit card statement)

Name: Clayton Tucker Campaign Fund

Street: PO Box 59

City: Lampasas State: TX Zip Code: 76550

Purchasing Card Customers Only:

Customer or Accounting Code: _____

Customer Authorization and Signature

By signing this authorization, I authorize Townsquare Media to charge my credit card in the amount of the total shown above. If the company is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fees which result.

By signing this authorization, I acknowledge that I have read and agree to all of the above and all information given is complete and accurate.

Cardholder's Signature

Business Office Use Only:

October 1, 2020

Date 10/1/2020

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Signature: _____ **Date:** _____

(* Line Transactions: N = New, E = Edited, D = Deleted)

Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.