

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

Station and Location: <i>RLPW AM 6501 Highway BB Washington, MD 63090</i>	Date: <i>5/13/24</i>
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I, *Kyle Marquart*,

being/on behalf of: *Kyle Marquart*,

a legally qualified candidate of the *Republican*

political party for the office of: *State Representative for District 109*

in the *Republican Primary*

election to be held on: *August 6th, 2024*

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
<i>See attached schedule</i>					

Attach proposed schedule with charges (if available):

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

Friends of Kyle Marquart

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:

Jason Grellner

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

5/13/2024

Date

Kyle Marquart

Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

[Signature]

Signature

Kyle J Bell

Printed Name

Account Executive

Title

SALES ORDER CONFIRMATION

KLPW - AM
 KLPW - FM

KKAC - FM
 KESY - FM

Date: 5/13/24

Contract No. _____

New Change Cancel

Start Date: 5/14/24 End Date: 5/21/24

Cash Trade

Advertiser Name: Friends of Kyle Marquart

Advertiser No: _____

Product Name: State Rep - MO District 109

Agency: _____

Agency No: _____

Billing Address: _____

City: Washington State MO Zip 63090

Phone: 314-630-5783 Buyer: Friends of Kyle

Salesperson: Kyle Bell Marquart

Billing Cycle: Broadcast Calendar Calendar Special

Agency Commission: No Yes _____ %

Other Terms: _____

DATES		TIMES		"COMM"		DAYS OF THE WEEK							RATE	TOTAL	
START / END	START / END	LENGTH (SECONDS)	PER WK	M	T	W	TH	F	S	SU	NO OF COMM PER MO	AMOUNT (DOLLARS)			
<u>5/14/24</u>	<u>5/21/24</u>	<u>6 AM</u>	<u>7 PM</u>	<u>:30</u>		<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>			<u>MAY</u>	<u>780</u>	
		<u>7:30 AM</u>	<u>11:00 AM</u>							<u>6</u>					
		<u>10:00 AM</u>	<u>5:00 PM</u>							<u>6</u>					

Thank You for Your Order

TERMS AND CONDITIONS:

The Parties: KLPW - AM • KLPW - FM
 KKAC - FM • KESY - FM ("Station")
 Advertiser or its Agency ("Client")

Authorized Representative: The person signing this Sales Order confirmation ("Agreement") is authorized to bind the Parties

Payment: Cash in advance unless otherwise agreed to by the Parties

Changes: No changes unless otherwise agreed to by the Parties

Cancellation: Client may cancel Agreement by giving 14 days prior notice

Collection: Client shall pay all collection costs, including reasonable attorney fees

TOTAL NO COMM PER ORDER:
 TOTAL AMT DUE PER ORDER: \$ 780

Accepted By:
 Client: Kyle Marquart
 Station: Kyle Bell

FRIENDS OF KYLE MARQUART
WASHINGTON, MO 63090


111
80-219/819

5/13/2024
Date




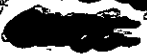
PAY to the order of KLPW

\$ 780.⁰⁰/₁₀₀

SEVEN HUNDRED EIGHTY Dollars

 BANK OF WASHINGTON
P.O. Box 377
Washington, MO 63090
636.239.7831
www.bankofwashington.com

For 1-WEEK OF ADS (92)

MP

Security Features Details on Back.

Harland Clarke COLONIAL CLASSIC

pd 5-13-2024

