

Sales Order

Stations: KKOW-AM, KKOW-FM, KSEK-FM Buyer: _____
 Contract Name: 2020 Lynn Grant 3 Tax Schedule: _____ (None)
 Contract#: 6251 Agency Commission %: 0
 Start Date: 10/28/20 End Date: 11/03/20 Billing Cycle: Calendar
 Revenue Type: Political Type: Cash Salesperson: 3885HOUSE Comm %: 15
 Advertiser: Lynn Grant Makegood Policy: Within Contract Dates
 Address: 202 South Appleton Drive
 City: Frontenac State: KS Zip: 66763
 Product Name: _____
 Competitive Code: Political

KKOW-AM

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	10/28/20	11/02/20		6:00 AM	8:00 PM	30	6		6	6	6	6		30	D	11.00	30	330.00	5
2	11/01/20	11/01/20		6:00 AM	8:00 PM	30							15	15	D	1.00	15	15.00	5
3	11/03/20	11/03/20		6:00 AM	7:00 PM	30		8						8	D	11.00	8	88.00	5

TOTAL GROSS \$433.00, NET \$433.00

KKOW-FM

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	10/28/20	11/02/20		6:00 AM	8:00 PM	30	8		8	8	8	8		40	D	18.00	40	720.00	2
2	11/01/20	11/01/20		6:00 AM	8:00 PM	30							16	16	D	11.00	16	176.00	2
3	11/03/20	11/03/20		6:00 AM	7:00 PM	30		8						8	D	18.00	8	144.00	2

TOTAL GROSS \$1,040.00, NET \$1,040.00

KSEK-FM

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	10/28/20	11/02/20		6:00 AM	8:00 PM	30	8		8	8	8	8		40	D	7.00	40	280.00	2
2	11/01/20	11/01/20		6:00 AM	8:00 PM	30							15	15	D	1.00	15	15.00	2
3	11/03/20	11/03/20		6:00 AM	7:00 PM	30		8						8	D	7.00	8	56.00	2

TOTAL GROSS \$351.00, NET \$351.00

Billing Projections: By Month

	Oct 20	Nov 20
CA	1,064.00	760.00
ST	0.00	1,824.00

Print Spot Prices

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TOTAL SPOTS 180
GROSS TOTAL \$ 1,824.00
ADJUSTED SPOTS 180
ADJUSTED TOTAL \$ 1,824.00

APPROVE DECLINE

- 3449cpik, 10/27/20 @12:50PM
- Sales Manager
- National Sales Manager
- General Manager

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Lynn Grant, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔	<input type="checkbox"/>	FEDERAL CANDIDATE
	<input checked="" type="checkbox"/>	STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Lynn Grant	
Authorized committee:	
Agency requesting time (and contact information): <input type="checkbox"/> N/A	
Candidate's political party: Democratic	
Office sought (no acronyms or abbreviations): District 2 House of Representative	
Date of election: 11/3/20	<input checked="" type="checkbox"/> General <input type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Becky Messinger	
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(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).</p> <p>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</p>	

Candidate/Committee/Agency	Station Representative
Signature:	Signature:
Name: Lynn Grant	Name: Cathleen Pike
Date of Request to Purchase Ad Time: 10/27/20	Date of Station Agreement to Sell Time: 10/27/20

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: _____

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 #: 6251	Station Call Letters: KKOW AM/KKOW FM/ KSEK FM	Date Received/Requested: 10/27/2020
Est. #:	Station Location: Pittsburg/Pittsburg/Girard KS	Run Start and End Dates: 10/28/2020-11/03/20

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.