

(check applicable box)

☒ FEDERAL CANDIDATE

☐ STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Bid Charge During A Political Window, Federal Candidates Must Sign This Certification On Page 3

| | |
|---------------------------|--------|
| Station and Location: | Date: |
| KCII Washington, IA 52353 | 9/9/22 |

I, GMMB

being/on behalf of: Christina Bohannon

a legally qualified candidate of the Democratic

political party for the office of: House of Representatives

in the General

election to be held on: 11/8/22

do hereby request station time as follows:

| Broadcast Length | Time of Day, Rotation or Package | Days | Class | Times per Week | Number of Weeks |
|------------------|----------------------------------|----------|-------|----------------|-----------------|
| :60 | AS ORDERED | Tues-Mon | - | 22 | 1 |

Attach proposed schedule with charges (if available): 440-

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

Christina Bohannon for Congress

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:

Jean Lloyd-Jones

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

8/17/22

Date

[Signature]

Signature

To Be Signed By Station Representative

☒ Accepted

☐ Accepted in Part

☐ Rejected

[Signature]

Signature

JOE NICHOLS

Printed Name

Gen. Mgr.

Title

FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

I, GMMB on behalf of Bohannon

(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ does

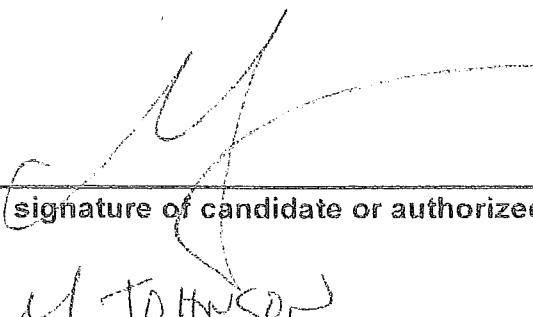
☒ does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

☒ the 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.

☒ the television programming 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.


signature of candidate or authorized committee

M. JOHNSON
printed name

8/17/22
date

AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF
CANDIDATE'S REQUEST)

| Broadcast Length | Time of Day, Rotation or Package | Days | Class | Times per Week | Number of Weeks |
|------------------|----------------------------------|------|-------|----------------|-----------------|
| | AS ORDERED | | | | |

Attach proposed schedule with charges (if available):

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- 1) actual air time and charges for each spot;
- 2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- 3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air and the rates charged, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired and the rates charged. The FCC's online political files include a folder for "Terms and Disclosures." NAB suggests that, for stations subject to the online public file rule, the names of contact person(s) be placed in that folder.

| | | | | | |
|------------------------|-----------------------------------|---------------------------|--------------|--|--------------------------|
| STATION: | KCII-FM | ORDER#: | 3200576 | DATE: | 09/07/2022 |
| MARKET: | Unmeasured Market | AMOUNT: | \$440.00 | AGENCY: | MEDIA FINANCIAL SERVICES |
| REP: | Regional Reps Non-Rep | SPOTS: | 22 | 1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com | |
| MOD: | Stn Ver: 1 Last: | | | | |
| SALES OFFICE: | PHILADELPHIA | SLS PH: | 412 421 2600 | | |
| SALESPERSON: | Roger Rafson | SLS FAX: | 412 421 6001 | | |
| SLS EMAIL: | Roger.Rafson@GenMediaPartners.com | | | | |
| AGENCY: | MEDIA FINANCIAL SERVICES | AGY CLI: | | CONTRACT # FOR INVOICING 4431768 | |
| ADVERTISER: | Christina Bohannan for Congress | AGY PRD: | | INVOICE: MEDIA FINANCIAL SERVICES | |
| PRODUCT: | 10/4-10/10 Est11949 Candidate | AGY EST: | 11949 | 1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com | |
| FLIGHT: | 10-04-2022 TO 10/10/2022 | [X]Unwired []Spot []Mod | | | |
| TOT # OF WEEKS: | 1 | | | | |
| PRIM. DEMO: | Adults 35+ | [X]Cash []Trade | | | |
| SEC. DEMO: | | SPOT TYPE: | | LAST SENT: 09/07/2022 12:51 | |

COMMENTS

09/07/2022: This is a new order. Please confirm receipt of order in Radio Exchange (if you are set up) or by email at chelsey.falcione@genmediapartners.com (WITH CALL LETTERS IN SUBJECT LINE) within 24 hours. Thank you. ****PLEASE NOTE THAT MFS SHOULD RECEIVE PAYMENT FROM THE AGENCY ON THIS BUY VIA OVERNIGHT MAIL PRIOR TO START DATE. MFS WILL THEN EMAIL YOU PROOF OF PAYMENT INFORMATION AS SOON AS POSSIBLE. RATES & TOTALS ARE GROSS.****

09/07/2022: PopulationBuyType: CPP.

Send invoices electronically.

THIS IS AN UNWIRED NETWORK ORDER. SEND INVOICES ELECTRONICALLY OR TO INVOICES@MEDIA FINANCIAL.COM BY THE 3RD OF THE MTH AFTER THE BROADCAST MTH HAS AIRED. MFS ELECTRONIC INVOICES: RADIOINVOICES.COM: R112580 OR 9912580; MARKETRON: 120873; SpotData: IDB#1828; EMEDIATRADE:EMT10263.

ONLY UPON PAYMENT FROM THE AGY WILL MFS REMIT TO STATION. PAYMENT TO STATION WILL BE PROCESSED WITHIN 7 DAYS AFTER RECEIPT FROM AGENCY.

Rates are agency gross. By accepting and running this order this station agrees to pay Regional Reps 15% commission on the gross amount of this order. Invoices/affidavits of performance are due no later than 7 days after the end of each broadcast month.

*****CONTINUE WITH SAME SPOT/TRAFFIC/NAB TFN.*****

WEEK#1 10/4/2022 To 10/10/2022 WK TOT \$440.00 WK TOTAL SPOTS 22

| MC | LN | SPT TYP | DAYS | START | END TIME | LEN | START | STOP | SP/WK | RATE | WEEKLY TOTAL |
|----|----|---------|-------------|--------|----------|-----|-----------|------------|-------|------|--------------|
| | 1 | | TuWThF.. /M | 6:00AM | 7:00PM | 60 | 10/4/2022 | 10/10/2022 | 18 | \$20 | \$360 |
| | 2 | |SS | 6:00AM | 7:00PM | 60 | 10/8/2022 | 10/9/2022 | 4 | \$20 | \$80 |

| | | | | | | | | | | | | | | | |
|--------------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|
| TOTAL | Oct | | | | | | | | | | | | | | Total |
| SPOT | 22 | | | | | | | | | | | | | | 22 |
| CASH | 440.00 | | | | | | | | | | | | | | 440.00 |
| TOTAL | 440.00 | | | | | | | | | | | | | | 440.00 |

KCII Radio

106.1 FM • 102.5 FM • 1380 AM

110 E. Main St. (PO Box 524)

Washington, IA 52353

ADVERTISING AGREEMENT

110 E. Main St.

P.O. Box 524

Washington, IA 52353

(319) 653-2113 FAX: (319) 653-3500

Co-op: ☒ Yes ☐ No

Order #

INFO:

See Attached

Date

9/9/22

invoices@mediafinancial.com

Sales #

JN

| | | | | | | | | | |
|--|--|---|------------------------------------|---|--|---|------------------------|--|--|
| Advertiser <i>Christina Bohannon For Congress</i> | | | Attention <i>Roger Bohannon</i> | | | Customer I.D. | | | |
| Agency Name <i>Media Financial Services</i> | | | Phone | | | Cart # | | | |
| Address <i>1655 Palm Beach Lakes Blvd., 9th FL, Suite 903</i> | | | Length <i>:60</i> | | | Begin <i>10/4/22</i> | | | |
| City <i>West Palm Beach</i> | | State <i>FL</i> | Zip <i>33401</i> | | <input type="checkbox"/> NET <input checked="" type="checkbox"/> GROSS | | End <i>10/10/22</i> | | |
| <input type="checkbox"/> 13 SIP <input type="checkbox"/> 52 SIP | | <input checked="" type="checkbox"/> NEW ORDER | | <input type="checkbox"/> ADDITIONAL ORDER | | <input checked="" type="checkbox"/> MASTER CONTRACT | | <input type="checkbox"/> SCHEDULE ONLY | |
| <input type="checkbox"/> 26 SIP <input type="checkbox"/> SIP | | <input type="checkbox"/> ORDER | | <input type="checkbox"/> ORDER | | <input type="checkbox"/> SCHEDULE ONLY | | <input type="checkbox"/> REPLACES PREVIOUS ORDER # | |

| | | | | | | |
|--------------------------------------|------------------------------|--|--------------------------------|--|--|--|
| <input type="checkbox"/> FIXED TIMES | <input type="checkbox"/> BTA | <input type="checkbox"/> SPECIAL RANGE | <input type="checkbox"/> TRADE | <input type="checkbox"/> PROGRAM SPONSORSHIP | <input type="checkbox"/> SPECIAL PROMOTION | <input type="checkbox"/> SPECIAL PACKAGE |
|--------------------------------------|------------------------------|--|--------------------------------|--|--|--|

| Billing Week | MON. | TUES. | WED. | THURS. | FRI. | SAT. | SUN. | TIMES | WEEKLY TOTAL |
|--------------|------|-------|------|--------|------|------|------|-------|----------------|
| 1 | | 10/4 | 5 | 6 | 7 | 8 | 9 | 6A-7p | 18 @ \$20 = |
| | | 4x | 3x | 4x | 3x | 2x | 2x | | @ \$ |
| | | | | | | | | | @ \$ |
| | | | | | | | | | TOTAL \$ 360 = |
| 2 | 10 | | | | | | | | 4 @ \$20 = |
| | 4x | | | | | | | | @ \$ |
| | | | | | | | | | @ \$ |
| | | | | | | | | | TOTAL \$ 80 = |
| 3 | | | | | | | | | @ \$ |
| | | | | | | | | | @ \$ |
| | | | | | | | | | @ \$ |
| | | | | | | | | | TOTAL \$ |
| 4 | | | | | | | | | @ \$ |
| | | | | | | | | | @ \$ |
| | | | | | | | | | @ \$ |
| | | | | | | | | | TOTAL \$ |
| 5 | | | | | | | | | @ \$ |
| | | | | | | | | | @ \$ |
| | | | | | | | | | @ \$ |
| | | | | | | | | | TOTAL \$ |

| | | | | | | |
|--|---------|----------|---------------|---------|---------|----------------|
| JAN. \$ | FEB. \$ | MAR. \$ | APR. \$ | MAY \$ | JUNE \$ | 308 - NET |
| JULY \$ | AUG. \$ | SEPT. \$ | OCT. \$ 308 - | NOV. \$ | DEC. \$ | \$ 440 - Gross |
| <input type="checkbox"/> TIME SHEET <input type="checkbox"/> SCRIPTS <input type="checkbox"/> STANDARD <input type="checkbox"/> CALENDAR <input type="checkbox"/> END OF SCHEDULE <input type="checkbox"/> ADDITIONAL CHARGES FOR: | | | | | | TOTAL CONTRACT |

SPECIAL INSTRUCTIONS: *Order # 3200576*

Est. # 11949

Contract # for Invoice - 4431768

The Advertiser agrees to pay all monthly statements by the 10th of the Month.
 Advertiser will be charged earned rate upon failure to fulfill contract on commercials aired.
 Upon cancellation of contract: total outstanding balance is due and payable immediately to KCII Radio.

| | |
|---|--|
| Sales Representative: <i>[Signature]</i> | <input checked="" type="checkbox"/> per Attached order |
| Management's Approval: <i>[Signature]</i> | (Authorized Signature) (Date) |

This station does not discriminate in the sale of advertising time, and will not accept advertising which is placed with an intent to discriminate on the basis of race or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract with a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, national origin, or ancestry of the stations' audience.