

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Julie Schoenherr, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Julie Schoenherr

Authorized committee: Julie Schoenherr for City Council

Agency requesting time (and contact information):

N/A

Candidate's political party: NA

Office sought (no acronyms or abbreviations):  
city council woman

Date of election: 11/7/23

General

Primary

Treasurer of candidate's authorized committee:  
Mackenzie Riley Reiling

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 (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.**

**Candidate/Committee/Agency**

**Station Representative**

Signature:

Julie Schoenherr

Signature:

Kelli Erickson

Name: Julie Schoenherr

Name: Kelli Erickson

Date of Request to Purchase Ad Time: 11/2/23

Date of Station Agreement to Sell Time: 11/2/23

**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: 11/2/23

**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 #:	Station Call Letters: <u>KSCJ, KSUX, KKMA, KQNU, KKYY</u>	Date Received/Requested: <u>11/2/23</u>
Est. #:	Station Location: <u>Sioux City</u>	Run Start and End Dates: <u>11/3-11/7/23</u>

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.

NTR  CASH  TRADE  NEW   
 KSCJ  KSUX  KKMA  KLEM  KQNU  KKYY

Client: JULIE SCHOENHERR FOR SC COUNCIL  
 \*\*\*NEW ADDRESS\*\*\*  
 Address: 4557 HAMILTON  
 SIOUX CITY, IA 51104  
 Contact: JULIE SCHOENHERR  
 Phone #: 712-251-1884

Local Direct: XXX  
 Agency:   
 Rep Agency:   
 Political: XXX  
 Calendar Bill: XXX CIA   
 Est #: SBM Billing  Confirm   
 Contract #:   
 Ord #: Package:   
 Day:   
 Date: 11/3/23  
 Date: 11/7/23

Coop:  Coop/Product Name:  Cart #: 2655


ISCI Code: \_\_\_\_\_ Conflict Description: POLITICAL/LOCAL

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$11.05	30	6A-7P	11/3	11/3					10			10	10	\$110.50
\$7.65	30	6A-7P	11/4	11/5						10	10	20	20	\$153.00
\$11.05	30	6A-7P	11/6	11/7	10	10						20	20	\$221.00

Remarks for Invoice: \_\_\_\_\_

Total Spots:	50
Total Gross:	
Total Net:	\$484.50

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:	\$484.50	Gross:	
Net:		Net:		Net:		Net:	

Sales Rep: KELLI Date: 11/2/23 Mgr: 

Internal Notes for AE: \_\_\_\_\_

NTR  CASH  XXX TRADE  NEW   
 KSCJ  KSUX  XXX KKMA  KLEM  KQNU  KKYY

Client: JULIE SCHOENHERR FOR SC COUNCIL  
 \*\*\*NEW ADDRESS\*\*\*  
 Address: 4557 HAMILTON  
 SIOUX CITY, IA 51104  
 Contact: JULIE SCHOENHERR  
 Phone #: 712-251-1884

Local Direct XXX  
 Agency  
 Rep Agency  
 Political XXX

	Day	Date
Start	FRI	11/3/23
End	TUE	11/7/23

Est # \_\_\_\_\_ Calendar Bill XXX CIA \_\_\_\_\_  
 SBM Billing \_\_\_\_\_ Confirm \_\_\_\_\_  
 Contract # \_\_\_\_\_  
 Ord # \_\_\_\_\_ Package: \_\_\_\_\_

Coop: \_\_\_\_\_ Coop/Product Name: \_\_\_\_\_ Cart #: **2655**

ISCI Code: \_\_\_\_\_ Conflict Description: **POLITICAL/LOCAL**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$12.75	30	6A-7P	11/3	11/3					10			10	10	\$127.50
\$8.50	30	6A-7P	11/4	11/5						10	10	20	20	\$170.00
\$12.75	30	6A-7P	11/6	11/7	10	10						20	20	\$255.00

Remarks for Invoice: \_\_\_\_\_

Total Spots:	50
Total Gross:	
Total Net:	\$552.50

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:	\$552.50	Net:	

Sales Rep: KELLI Date: 11/2/23 Mgr: 

Internal Notes for AE: \_\_\_\_\_

NTR  CASH  TRADE  NEW   
 KSCJ  KSUX  KKMA  KLEM  KQNU  KKYY

Client:	<b>JULIE SCHOENHERR FOR SC COUNCIL</b>
	***NEW ADDRESS***
Address:	4557 HAMILTON
	SIOUX CITY, IA 51104
Contact:	JULIE SCHOENHERR
Phone #:	712-251-1884

Local Direct	XXX	Day	Date
Agency		Start	FRI 11/3/23
Rep Agency		End	TUE 11/7/23
Political	XXX		
Est #		Calendar Bill	XXX CIA
		SBM Billing	Confirm
Ord #		Contract #	
		Package:	

Coop:  Coop/Product Name: \_\_\_\_\_ Cart #: **2655**

ISCI Code: \_\_\_\_\_ Conflict Description: **POLITICAL/LOCAL**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$9.35	30	6A-7P	11/3	11/3					10			10	10	\$93.50
\$7.65	30	6A-7P	11/4	11/5						10	10	20	20	\$153.00
\$9.35	30	6A-7P	11/6	11/7	10	10						20	20	\$187.00

Remarks for Invoice: \_\_\_\_\_

Total Spots:	50
Total Gross:	
Total Net:	\$433.50

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:	\$433.50	Gross:	
Net:		Net:		Net:		Net:	

Sales Rep: **KELLI** Date: **11/2/23** Mgr: *re*

Internal Notes for AE: \_\_\_\_\_

NTR  CASH  XXX TRADE  NEW   
 KSCJ  KSUX  KKMA  KLEM  KQNU  KKYY

Client: JULIE SCHOENHERR FOR SC COUNCIL  
 \*\*\*NEW ADDRESS\*\*\*  
 Address: 4557 HAMILTON  
 SIOUX CITY, IA 51104  
 Contact: JULIE SCHOENHERR  
 Phone #: 712-251-1884

Local Direct XXX  
 Agency  
 Rep Agency  
 Political XXX

	Day	Date
Start	FRI	11/3/23
End	TUE	11/7/23

Calendar Bill XXX CIA  
 Est # SBM Billing Confirm  
 Contract #  
 Ord # Package:

Coop:  Coop/Product Name:  Cart #: 2655

ISCI Code: \_\_\_\_\_ Conflict Description: POLITICAL/LOCAL

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$8.50	30	6A-7P	11/3	11/3					10			10	10	\$85.00
\$5.95	30	6A-7P	11/4	11/5						10	10	20	20	\$119.00
\$8.50	30	6A-7P	11/6	11/7	10	10						20	20	\$170.00

Remarks for Invoice: \_\_\_\_\_

Total Spots:	50
Total Gross:	
Total Net:	\$374.00

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:	\$374.00	Net:	

Sales Rep: KELLI Date: 11/2/23 Mgr: 

Internal Notes for AE: \_\_\_\_\_

NTR  CASH  XXX TRADE  NEW   
 KSCJ  KSUX  KKMA  KLEM  KQNU  KKYY

Client: JULIE SCHOENHERR FOR SC COUNCIL  
 \*\*\*NEW ADDRESS\*\*\*  
 Address: 4557 HAMILTON  
 SIOUX CITY, IA 51104  
 Contact: JULIE SCHOENHERR  
 Phone #: 712-251-1884

Local Direct XXX  
 Agency  
 Rep Agency  
 Political XXX

	Day	Date
Start	FRI	11/3/23
End	TUE	11/7/23

Calendar Bill XXX CIA  
 Est # SBM Billing Confirm  
 Contract #  
 Ord # Package:

Coop: Coop/Product Name: Cart #: 2655

ISCI Code: Conflict Description: POLITICAL/LOCAL

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$7.65	30	6A-7P	11/3	11/3					10			10	10	\$76.50
\$5.95	30	6A-7P	11/4	11/5						10	10	20	20	\$119.00
\$7.65	30	6A-7P	11/6	11/7	10	10						20	20	\$153.00

Remarks for Invoice:

Total Spots:	50
Total Gross:	
Total Net:	\$348.50

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:	\$348.50	Gross:	
Net:		Net:		Net:		Net:	

Sales Rep: KELLI Date: 11/2/23 Mgr:

Internal Notes for AE: