

## 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**

<b>Station and Location:</b> 1308 Coolidge Rd (KXRO) KOUX ABERDEEN, WA 98520	<b>Date:</b> 10/6/16
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I, MIKE CHAPMAN

being/on behalf of: SELF

a legally qualified candidate of the DEMOCRAT

political party for the office of: STATE REP 24<sup>th</sup> DIST

in the GENERAL ELECTION

election to be held on: NOVEMBER 8, 2016

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
:30	SEE	ATTACHED			

**Attach proposed schedule with charges (if available):** 8577.<sup>50</sup>

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

X MIKE CHAPMAN

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:

X CHARLIE McCLAIN - CPA

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**

X 10/6/16                      [Signature]  
Date    Signature

**To Be Signed By Station Representative**

Accepted                       Accepted in Part                       Rejected

[Signature]                      DONNA ROSI                      Market Manager  
Signature    Printed Name    Title

# Sales Order

Station: **KXRO-AM** Buyer: \_\_\_\_\_  
 Contract Name: **Mike Chapman 24th dist kxro** Tax Schedule: \_\_\_\_\_ (None)  
 Contract#: \_\_\_\_\_ (none) Agency Commission %: **0**  
 Start Date: **10/24/16** End Date: **11/07/16** Billing Cycle: **Standard**  
 Revenue Type: **Local Direct** Type: **Cash** Salesperson: **1509dros** Comm %: **0**  
 Advertiser: **KXRO** Makegood Policy: **Within Contract Dates**  
 Address: **1308 COOLIDGE ROAD**  
 City: **ABERDEEN** State: **WA**  
 Zip: **98520**  
 Product Name: **Political**  
 Competitive Code: **PROMO'S**

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	10/24/16	11/07/16		6:00 AM	10:00 AM	30	2	2	2	2	2			10	D	11.00	22	242.00	3	
2	10/24/16	11/07/16		3:00 PM	7:00 PM	30	2	2	2	2	2			10	D	10.50	22	231.00	3	
3	10/24/16	11/07/16		10:00 AM	3:00 PM	30	1	1	1	1	1			5	D	9.50	11	104.50	3	

Billing Projections: By Month

	Oct 16	Nov 16
CA	315.00	262.50
ST	262.50	315.00

Print Spot Prices

TOTAL SPOTS ..... **55**  
 GROSS TOTAL \$ ..... **577.50**  
 ADJUSTED SPOTS ..... **55**  
 ADJUSTED TOTAL \$ ..... **577.50**

APPROVE DECLINE

- General Manager
- Administrator
- Sales Manager
- National Sales Manager

*[Handwritten Signature]*