

KBON 101.1 FM Date: _____ New Account ORDER FORM Todd
 Account Name: Letlow for Congress
 Address _____
 City _____ State _____ Zip _____ Phone _____
 Fax _____ Email _____ Contact _____

Account # 749 Duration 6 Cut ID E Real Results - RPLA Let + L2008
 Copy Attached Use Current Script Yes Aff. Need Script w/Aff. Rotation Yes No

Revised Order NOVEMBER 2020

SUN	1 ST		
MON	2 ND		Contract # 4393457
TUES	3 RD		
WED	4 TH		Order # 317 3179891
THUR	5 TH		
FRI	6 TH		
SAT	7 TH		Invoice @ Mediafinancial.com
SUN	8 TH		
MON	9 TH		
TUES	10 TH	6-10-1	3-7 1
WED	11 TH	/	/
THUR	12 TH	/	/
FRI	13 TH	/	/
SAT	14 TH		
SUN	15 TH		
MON	16 TH	/	/
TUES	17 TH	/	/
WED	18 TH	/	/
THUR	19 TH	/	/
FRI	20 TH	/	/
SAT	21 ST		
SUN	22 ND		
MON	23 RD		
TUES	24 TH		
WED	25 TH		
THUR	26 TH		
FRI	27 TH		
SAT	28 TH		
SUN	29 TH		30% Agency Commission
MON	30 TH		

Number of Spots 18 @ \$ 35 = \$ 630.00 Bonus Spots _____ Total Spots _____
 Remarks: _____
 Order # 6646 _____

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Strategic Media Placement, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡



FEDERAL CANDIDATE



STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Luke Letlow

Authorized committee:

Letlow for Congress

Agency requesting time (and contact information):

☐ N/A Strategic Media Placement

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Louisiana Congressional District 5

Date of election:

December 5th, 2020



General



Primary

Treasurer of candidate's authorized committee:

Scott Franklin

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

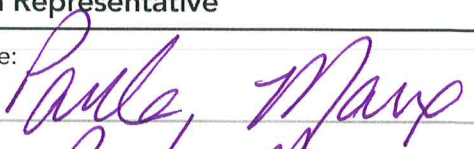


the authorized committee of the legally qualified candidate listed above;

(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.

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: Anthony Iacovetti <small>Digitally signed by Anthony Iacovetti Date: 2020.11.09 14:38:25 -05'00'</small>	Signature: 
Name: Anthony Iacovetti	Name: Paula Marx
Date of Request to Purchase Ad Time: 11.9.20	Date of Station Agreement to Sell Time: 11-10-20

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:

Anthony Iacovetti

Digitally signed by Anthony Iacovetti
Date: 2020.11.09 14:38:51 -05'00'

Name: Anthony Iacovetti

Date: 11.9.20

TO BE COMPLETED BY STATION ONLYAd submitted to Station? ☒ Yes ☐ NoDate ad received: 11-10-20Federal 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 (optional):

*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 #: <u>439 3457</u> 6099	Station Call Letters: <u>KBON</u>	Date Received/Requested: <u>11-10-20</u>
Est. #: <u>317 9891</u>	Station Location: <u>Eunice, La</u>	Run Start and End Dates: <u>11-10 / 11-20</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.