

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

Station and Location: <u>KAPE-AM / Cape Girardeau, MO</u>	Date: <u>7/19/2018</u>
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I, Betsy Vonderheid,

being/on behalf of: Citizens for Wasinger,

a legally qualified candidate of the Republican

political party for the office of: State Auditor

in the Primary Election

election to be held on: August 7, 2018

do hereby request station time as follows:

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

Attach proposed schedule with charges (if available): \$

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

Citizens For Wasinger

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:

Mark Dunn

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

7/19/2017

Date

Betsy Vandenberg

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

Dawn E Jones
Signature

Dawn E Jones
Printed Name

Sales Assistant
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, Betsy Vonderheid

(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

Betsy Vonderheid

printed name

7/19/2017

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

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.

Jul 23, 18
 CONT# 32006431 Mod# Ver# 1 (Last =)
 REP KATZ RADIO
 TO KAPE-AM (Cape Girardeau, MO)
 FM TERRANCE HOUSTON
 OFF PHILADELPHIA
 AGY SRCPMEDIA
 ADDR 201 NORTH UNION ST SUITE 200
 ALEXANDRIA, VA 22314
 BYR BETSY VONDERHEID
 ADV DAVID WASINGER FOR STATE AUDITOR
 PDT Tu-Mon week
 FLT Jul 31, 18 - Aug 07, 18

DDS CONT# 0
 C/P/E: / / 1550
 SALESPERSON FAX#
 PH # 703-683-8326

* REP ORDER COMMENT *

** 7/20/2018 5:56:00 PM: ISSUE/POLITICAL: THIS IS A NEW ISSUE/POLITICAL ORDER. PLEASE NOTE THERE IS A 24-HOUR CANCELLATION POLICY ON ALL ISSUE/POLITICAL ORDERS. PLEASE CONFIRM IN THE SYSTEM. EMMA.RUSNAK@KATZMEDIA.COM 215-557-4230. THANK YOU!

MC	LN	DAYS	TIME	LEN	EFFECTIVE DATES	# OF WKS	NPW	RATE	TOT SPTS
	1.1	FLIGHT 1 TuWThF,M	6A - 7P	60	7/31/2018 - 8/6/2018	1W	30	\$18.00	30
					** WEEKLY FLIGHT TOTALS **		30	\$540.00	

	Aug 18					
SPOTS	30					
CASH	540.00					
TRADE	0.00					
NSL	0.00					
TOTAL	540.00					

						TOTAL
SPOTS						30
CASH						540.00
TRADE						0.00
NSL						0.00
TOTAL						540.00

**** Competitive Comments ****

SVC: FA99 MSA CustRadio
 Demo Adults 35+

Nondiscrimination -Paragraphs 49 and 50 of the United States Federal Communications Commission's Report and Order No. 07-217 provides that broadcast stations' advertising contracts will not discriminate on the basis of race or ethnicity, and must contain nondiscrimination clauses. Consistent with this order, Katz Communications, Inc. (including any subsidiary or division of Katz) does not discriminate in any broadcast advertising contract on the basis of race or ethnicity and evaluates, negotiates and completes its broadcast advertising contracts without regard to race or ethnicity.

100.7 KGMO P.O. Box: 558
 KAPE AM/FM Cape Girardeau, MO 63702
 104.7 KREZ (573) 339-7000
 97.3 KYRX Fax (573) 651-4100
 96.5 WKIB
 KJXX AM/FM

97.9 KBXB P.O. Box: 907
 KRHW AM/FM Sikeston, MO 63801
 107.1 KBHI (573) 471-2000
 _____ Fax (573) 471-8525

BROADCAST ORDER AGREEMENT

No 181318

ACCOUNT NUMBER _____
 CLIENT David Wasinger for State Auditor
 AGENCY _____
 ADDRESS _____

NEW CLIENT
 RENEWAL
 NATIONAL

ORDER DATE 7/25
 START DATE 7/31
 END DATE 8/6
 ESTIMATE # 1550

EMAIL _____
 TELEPHONE _____
 BUYER _____
 SALESPERSON _____

BROADCAST BILLING
 CALENDAR BILLING

CO-OP PRODUCT Political

SEND INVOICE TO: CLIENT RATES: GROSS ORDER TYPE: BILLING SCHEDULE
 AGENCY NET CLIENT NEEDS: COPY CONFIRMATION TIME SHEET/COOP

START DATE/ END DATE	TIME/CLASS	LENGTH	CART #	M	T	W	TH	F	SA	SU	TOTAL WEEKLY	RATE	COST	KGMO	KAPE	KREZ	KYRX	WKIB	KJXX	KBXB	KRHW	KBHI	
7/31-8/5	6A-7p	30			6	6	6	6			24	18.00			X								
8/6	6A-7p	30		6							6	15.00			X								

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
BROADCAST						
CALENDAR						
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
BROADCAST						
CALENDAR						

100.7 KGMO	\$	KJXX AM/FM	\$
KAPE AM/FM	\$ 540.00	97.9 KBXB	\$
104.7 KREZ	\$	KRHW AM/FM	\$
97.3 KYRX	\$	107.1 KBHI	\$
96.5 WKIB	\$		\$
GRAND TOTAL	\$ 540.00	GRAND TOTAL	\$

STATIONS: _____
 TOTAL COMMERCIALS PER STATION: _____
 COMMERCIALS PER STATION USED: _____
 COMMERCIALS PER STATION REMAINING AFTER THIS ORDER: _____

PACKAGE NAME: _____
 PACKAGE RATE: _____ COMBO SINGLE
 RATE BREAKDOWN: _____

Payable monthly upon receipt of invoice. In the event payment is not made within 30 days after billing remaining balance is subject to 1.5% finance charge monthly (18% per annum). Purchaser agrees to pay all collection and/or attorney fees required to collect amounts due. This contract is subject to all Federal, State and Municipal laws and regulations now in force, or which may be enacted in the future. By signature below advertiser agrees to all terms and conditions on both sides of this agreement. This station does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender, or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, gender, national origin, or ancestry.

WITNESS our hands and seals the day and date first above written.
 TO BE SUBMITTED FOR APPROVAL

ADVERTISER

BY: _____
 ACCOUNT REPRESENTATIVE
 RATE APPROVAL: _____

BY: _____
 OFFICER
 DATE: _____