

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location: KARE - Cape Girardeau, MO	Date: 8/2/18
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I, Emily Peck, Thompson Communications, Inc
do hereby request station time concerning the following issue:

Yes on prop A

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

This broadcast time will be used by: Missourians for Freedom to Work

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT
"COMMUNICATES A POLITICAL MATTER OF NATIONAL IMPORTANCE."
FOR ALL OTHER ISSUE ADS, PLEASE GO TO PAGE 3.**

Programming that "communicates a political matter of national importance" includes (1) references to legally qualified candidates (presidential, vice presidential or congressional); (2) any election to Federal office (e.g., any references to "our next senator", "our person in Washington" or "the President"); and (3) a national legislative issue of public importance (e.g., Affordable Care Act, revising the IRS tax code, federal gun control or any federal legislation).

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"
 Yes No

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the offices being sought, the date(s) of the election(s) and/or the issue to which the communication refers (if applicable):

I represent that the payment for the above described broadcast time has been furnished by (name and address):

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 5)

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT
DOES NOT "COMMUNICATE A POLITICAL MATTER OF NATIONAL
IMPORTANCE"**

I represent that the payment for the above described broadcast time has been furnished by (name and address):

Missourians for Freedom to Work
239 Rock Industrial Blvd, Ste 108 636-583-8698
Union, MO 63084

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

Greg Hoberock, Treasurer

TO BE COMPLETED FOR ALL ISSUE ADVERTISEMENTS

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The Sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). **For the above-stated broadcast(s), the sponsor also agrees to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.**

TO BE SIGNED BY ISSUE ADVERTISER (SPONSOR)

July 11-2018 Emily Peck 1-417-859-5428
Date Signature Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

Accepted Accepted in Part Rejected

Signature Printed Name Title

AGREED UPON SCHEDULE

For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance

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 time the rate for spots "communicating a political matter of national importance" air, 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 and rates for specific spots aired. 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.

New Order

Media: Radio
Client: Missourians for Freedom to Work
Product: Media
CPE: //637
Description: MFTW Aug 3-7
Rep:
Version: 1
Comments:

Market: Paducah
Demo: Adults 35+
Separation: 30
Flight Start: 8/3/18
Flight End: 8/7/18
Sales Office:
Survey:

Vendor: KAPE-AM
AE: rick lambert
Phone:
Fax:

Billing To: Thompson Communications, Inc.
 200 West Jefferson
 Marshfield, MO 65706
Phone: 417-859-5428
Fax:

Line No	Daypart (Program)	Daypart Code	Gross C/T	Dur	8/3	8/4	8/5	8/6	8/7	Total Spots	Adults 35+ RTG	CPP
1	F,MTuWTh 6:00A-10:00A	RT	\$35.00	C 60	2	0	0	2	2	6		
2	F,MTuWTh 10:00A-3:00P	RT	\$32.00	C 60	2	0	0	2	0	4		
3	F,MTuWTh 3:00P-7:00P	RT	\$35.00	C 60	2	0	0	2	0	4		
Total Spots:					6	0	0	6	2	14		
Total GRP/GIMP(000):					0.0	0.0	0.0	0.0	0.0		0.0	

Month	Cash-\$-Spots	Trade-\$-Spots	Total-\$-Spots
8/2018	\$478.00 - 14	\$0.00 - 0	\$478.00 - 14
Total Gross Cost:		\$478.00	
Total Net Cost:		\$406.30	
Total Gross CPP:		\$0.00	
Total Net CPP:		\$0.00	

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 17239

ACCOUNT NUMBER _____
 CLIENT Missourians for Freedom to Work
 AGENCY _____
 ADDRESS _____

 EMAIL _____
 TELEPHONE _____
 BUYER _____
 SALESPERSON _____

- NEW CLIENT
 RENEWAL
 NATIONAL
 BROADCAST BILLING
 CALENDAR BILLING
 BILLING
 SCHEDULE

ORDER DATE 8/2/18
 START DATE 8/3
 END DATE 8/7
 ESTIMATE # _____
 CO-OP PRODUCT Issue

SEND INVOICE TO: CLIENT RATES: GROSS ORDER TYPE: BILLING COPY CONFIRMATION
 AGENCY NET SCHEDULE CLIENT NEEDS: 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	
8/3	6A-10A	60						2			2	35.00			X								
	10A-3p							2			2	32.00			X								
	3p-7p							2			2	35.00			X								
8/6-8/7	6A-10A	60		2	2						4	35.00			X								
	10A-3p			2							2	32.00			X								
	3p-7p			2							2	35.00			X								

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	100.7 KGMO \$	KJXX AM/FM \$
BROADCAST								
CALENDAR							KAPE AM/FM \$ 478.00	97.9 KBXB \$
							104.7 KREZ \$	KRHW AM/FM \$
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	97.3 KYRX \$	107.1 KBHI \$
BROADCAST							96.5 WKIB \$	\$
CALENDAR							GRAND TOTAL \$ 478.00	GRAND TOTAL \$

STATIONS: _____ PACKAGE NAME: _____
 TOTAL COMMERCIALS PER STATION: _____ PACKAGE RATE: _____ COMBO SINGLE
 COMMERCIALS PER STATION USED: _____ RATE BREAKDOWN: _____
 COMMERCIALS PER STATION REMAINING AFTER THIS ORDER: _____

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: _____ OFFICER
 RATE APPROVAL: _____ DATE: _____