

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Clarice Grabau, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Clarice Grabau

Authorized committee: Clarice Grabau for State Senate

Agency requesting time (and contact information):

☐

N/A

Candidate's political party: DFL

Office sought (no acronyms or abbreviations): Senate District 58

Date of election: 11-8-22

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

Leota Goodney

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

Signature: Clarice Grabau

Name: Clarice Grabau

Date of Request to Purchase Ad Time: 10-14-22

#### Station Representative

Signature: Daniel Massman

Name: Daniel Massman

Date of Station Agreement to Sell Time:

**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:

*Clarice Grabau*

Name:

*Clarice Grabau*

Date:

*10-14-22***TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?

☐

Yes

☐

No

Date ad received: \_\_\_\_\_

**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:

Date Received/Requested:

Est. #:

Station Location:

Run Start and End Dates:

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.



KDWA 1460 AM - 97.7 FM  
Your Sound Advertising Choice  
514 Vermillion St.  
Hastings, MN 55033  
Phone: 651-437-1460  
Fax: 651-438-3042

Invoice# KDWA0948221067625

Statement dated: 10/17/2022  
Calendar Broadcast Period: 10/1/2022 - 10/31/2022  
Account# 948 Salesperson: MARTA

CLARICE GRABAU  
PO BOX 224  
NORTHFIELD, MN 55057  
|||||

Balance Forward: \$0.00

Order#76268 (81163) IN DEPTH SPONSOR [10/20/2022-10/20/2022]	
(#1200076268)	\$65.00
Order#76269 (81164) IN DEPTH SPONSOR [10/22/2022-10/22/2022]	
(#1200076269)	\$65.00
Order#76270 (81165) IN DEPTH SPONSOR [10/29/2022-10/29/2022]	
(#1200076270)	\$65.00
Order#76272 (81167) [10/25/2022-10/31/2022] (#1200076272)	\$150.00
Total Spot Sales This Month:	\$345.00
Total Recurrent Sales This Month:	\$0.00
Order Invoice Details:	
Order Invoice # 1200076268	KDWA 1460 AM - 97.7 \$65.00
Order Invoice # 1200076269	KDWA 1460 AM - 97.7 \$65.00
Order Invoice # 1200076270	KDWA 1460 AM - 97.7 \$65.00
Order Invoice # 1200076272	KDWA 1460 AM - 97.7 \$150.00
Gross Sales This Month:	\$345.00
Net Sales This Month:	\$345.00

Payments Applied This Month:	
10/17/2022 \$610.00 KDWA	
Payments Received This Month:	
10/17/2022 Check # 4054 MERCHANTS BANK	\$610.00
Total Payments This Month:	\$610.00
Total Adjustments This Month:	\$0.00
Total Finance Charge This Month:	\$0.00

Net Credit Balance (Do Not Pay): (\$265.00)

Accounts Receivable Aging Schedule

Current	30 Day	60 Day	90 Day	120 Day	>120 Day	Total Due
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$265.00)

WE ACCEPT MASTER CARD AND VISA  
DUE UPON RECEIPT

KDWA 1460 AM - 97.7 FM  
Your Sound Advertising Choice  
514 Vermillion St.  
Hastings, MN 55033  
Phone: 651-437-1460  
Fax: 651-438-3042

Invoice# KDWA0948221167626

Statement dated: 10/17/2022  
Calendar Broadcast Period: 11/1/2022 - 11/30/2022  
Account# 948 Salesperson: MARTA

CLARICE GRABAU  
PO BOX 224  
NORTHFIELD, MN 55057  
|||||

Balance Forward: (\$265.00)

Order#76271 (81166) IN DEPTH SPONSOR [11/5/2022-11/5/2022]  
(#12N0076271) \$85.00  
Order#76272 (81167) [11/1/2022-11/8/2022] (#12N0076272) \$180.00  
Total Spot Sales This Month: \$265.00  
Total Recurrent Sales This Month: \$0.00  
Order Invoice Details:  
Order Invoice # 12N0076271 KDWA 1460 AM - 97.7 \$85.00  
Order Invoice # 12N0076272 KDWA 1460 AM - 97.7 \$180.00  
Gross Sales This Month: \$265.00  
Net Sales This Month: \$265.00

Total Payments This Month: \$0.00  
Total Adjustments This Month: \$0.00  
Total Finance Charge This Month: \$0.00

Net Credit Balance (Do Not Pay): \$0.00

Accounts Receivable Aging Schedule

Current	30 Day	60 Day	90 Day	120 Day	>120 Day	Total Due
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

WE ACCEPT MASTER CARD AND VISA  
DUE UPON RECEIPT