

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: <div style="text-align: center; font-size: 1.2em;">KOKA</div>	Date: <div style="text-align: center; font-size: 1.2em;">12/7/16</div>
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I, GREGORY MARZANO,
 being/on behalf of: Foster Campbell,
 a legally qualified candidate of the DEMOCRAT
 political party for the office of: United States Senate
 in the Run-off
 election to be held on: DECEMBER 10, 2016

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:

Foster Campbell SENATE CAMPAIGN

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:

Ron Roberts

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

12/8/2014
Date

[Signature]
Signature

To Be Signed By Station Representative

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature Printed Name 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, GREGORY A. MORRISON

(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.

GREGORY A. MORRISON

signature of candidate or authorized committee

GREGORY A. MORRISON

printed name

12/8/2012

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.

ORDER



Orders
Order / Rev: 164205
Alt Order #:
Product Desc: Foster Campbell Campaign
Estimate:
Flight Dates: 12/10/16 - 12/10/16
Original Date / Rev: 12/06/16 / 12/08/16
Order Type: CONTROLLED

KOKA-AM

Primary AE: Rasheeda Simmons
Sales Office: L-SHV
Sales Region: Local

Agency
Name: Five Star Consulting
Buying Contact:
Billing Contact:
 9228 W. Aragon
 Shreveport, LA 71129

Billing Type: Cash
Billing Calendar: Calendar
Billing Cycle: EOM/EOC
Agency Commission: 0%

Advertiser
Name: Five Star Consulting
Demographic: HH
Product Codes: Candidates
Priority: P-04
Revenue Codes: DIR, SPOT, POL-CAND

New Business Thru:
Order Separation: 00:28:00
Advertiser External ID:
Agency External ID:
Unit Code: General

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
12/01/16	12/10/16	15	\$624.90	\$624.90

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
December 2016	15	\$624.90	\$624.90	0.00
Totals	15	\$624.90	\$624.90	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Rasheeda Simmons			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
E 1	KOKA	12/10/16	12/10/16	Sa-Su Prime Time	CM	2:00 PM-7:00 PM	-----S-	1:00	15	\$41.66	P-01	0.00	NM	15	\$624.90
				Sa-Su 6a-7p		(2:00 PM-7:00 PM)									
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
	Week:	12/05/16	12/11/16	-----S-		15				\$41.66		0.00			
													Totals	15	\$624.90

ORDER

Orders
Order / Rev: 164209
Alt Order #:
Product Desc: Talent Fee Foster Campbell Campaign
Estimate:
Flight Dates: 12/10/16 - 12/10/16
Original Date / Rev: 12/06/16 / 12/08/16
Order Type: CONTROLLED

KOKA-AM
Primary AE: Rasheeda Simmons
Sales Office: L-SHV
Sales Region: Local

Agency
Name: Five Star Consulting
Buying Contact:
Billing Contact:
 9228 W. Aragon
 Shreveport, LA 71129

Billing Type: Cash
Billing Calendar: Calendar
Billing Cycle: EOM/EOC
Agency Commission: 0%

Advertiser
Name: Five Star Consulting
Demographic: HH
Product Codes: Candidates
Priority: P-04
Revenue Codes: DIR, HC, TAL-FEE

New Business Thru:
Order Separation: 00:28:00
Advertiser External ID:
Agency External ID:
Unit Code: Tal - Carl

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
12/01/16	12/10/16	5	\$375.00	\$375.00

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
December 2016	5	\$375.00	\$375.00	0.00
Totals	5	\$375.00	\$375.00	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Rasheeda Simmons			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
E 1	KOKA	12/10/16	12/10/16	Talent Fee	NS	Talent Fee	-----S-	:00	5	\$75.00	P-01	0.00	NS	5	\$375.00
<div><div>Talent Fee</div><div><div><div><div><div><u>Start Date</u></div><div><u>End Date</u></div><div><u>Weekdays</u></div><div><u>Spots/Week</u></div><div><u>Rate</u></div><div><u>Rating</u></div></div></div><div><div>Week: 12/05/16</div><div>12/11/16</div><div>-----S-</div><div>5</div><div>\$75.00</div><div>0.00</div></div></div></div></div>															
Totals													5	\$375.00	