KMXS 5443630

CANDIDATE ADVERTISEMENT AGREEMENT FORM

	and charges. See Invoice for actual schedule and charges.
, Diego Perez	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE
ALL QUESTIO	ONS/BLOCKS MUST BE COMPLETED
Candidate name:	
Sami Graham	
Authorized committee:	The state of the s
Graham for School Board	
Agency requesting time (and contact information N/A PS Strategies	n):
Candidate's political party: N/A	(The sample of sample of the s
Office sought (no acronyms or abbreviations): School Board	
Date of election: 4/6/2021	✓ General Primary
Treasurer of candidate's authorized committee: Sandra Graham	
The undersigned represents that: (1) the payment for the broadcast time requested the candidate listed above who is a legally of the authorized committee of the legally of	ly qualified candidate, or qualified candidate listed above;
and other sales practices.	ng policies, including applicable classes and rates, discount, promotion
THIS STATION DOES NOT DISCRIMINATE OR I	PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Candidate/Committee/Agency Signature: DocuSigned by: Biogo Percy	Station Representative Signature:
Signature:DocuSigned by:	

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:							
Name:							
Date:							
TC	BE COMPLETED BY STATION O	NLY					
Ad submitted to Station? ✓ Yes No							
Date ad received: 3/11/21							
Federal candidate certification signed (above): Yes N/A							
Disposition:							
Accepted							
 	not yet received to determine sponsor ID)*					
Rejected – provide reason (optio	nal):						
*I Inland partially accorded form they are	anneth contact of the desired	1.					
Opioad partially accepted form, then pro-	omptly upload updated final form when co	mplete.					
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):							
Contract #: 544363A	Station Call Letters: KMXS	Date Received/Requested: 3/11/21					
Est.#: Na	Station Location: Anchorage AK	Run Start and End Dates: 3/15-4/6 とどて し					
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.							

ORDER

TIX103.1 Orders Order / Rev: 544363A Alt Order #: **Product Desc:** School Board Estimate: KMXS-FM Flight Dates: 03/15/21 - 04/06/21 Primary AE: Colleen Kane Original Date / Rev: 03/11/21 / 03/11/21 Sales Office: L-AK Order Type: TRANSACTIONAL Sales Region: Local Agency Name: **PS Strategies Buying Contact:** Billing Type: Cash **Billing Contact: PS Strategies Accounting** Billing Calendar: **Broadcast** 425 G Street Billing Cycle: **EOM/EOC** Anchorage, AK 99501 15% Agency Commission: Advertiser Name: Sami Graham for School Board (POL2 Demographic: HH New Business Thru: **Product Codes: Candidates** Advertiser External ID: Revenue Code 1: **Agency Business** Agency External ID: Revenue Code 2: **Political** Unit Code: General Revenue Code 3: **Political Candidate** Order Separation: 00:28:00 Priority: P-04 **Bill Plan Totals** Start Date **End Date** # Spots **Gross Amount Net Amount** Month # Spots Gross Amount **Net Amount** Rating 03/01/21 03/28/21 March 2021 29 29 \$435.00 \$369.75 \$435.00 \$369.75 0.00 03/29/21 04/06/21 21 April 2021 21 \$315.00 \$267.75 \$315.00 \$267.75 0.00 **Totals** 50 \$750.00 \$637.50 0.00

Account Executives				
Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Colleen Kane			Start Of Order - End Of Order	4000/

Ln Ch Start End	Inventory Code	Break	Start/End 1	Time Days	Len S	oots	Rate Pri Rtg Type	Spots	Amount
N 1 KMXS 03/15/21 04/06/21		CM	6a-7p	33333	:30	15	\$15.00P-04 0.00 NM		\$750.00
	Mo-Fr 6a-7p								4.00.00
Start Date End Date	Weekdays S	pots/Week	Rate	Rating			1		
Week: 03/15/21 03/21/21	23333	14	\$15.00	0.00					
Week: 03/22/21 03/28/21	33333	15	\$15.00	0.00			1		
Week: 03/29/21 04/04/21	33333	15	\$15.00	0.00					
Week: 04/05/21 04/11/21	33	6	\$15.00	0.00					

Start Of Order - End Of Order

100%

Totals

50

\$750.00