

Broadcast Contract

John Clayton
428 Hamilton Avenue, #1
Grinnell, IA 50112

Start Date	Contract#	Mod#
10/10/22	47225	0
End Date	Date Entered	Date Last Modified
11/04/22	09/27/22	09/27/22
Advertiser		Station Market
John Clayton		KGRN-AM
Product		SalesRep/Office
BEING GOOD		House House

Calendar Billing Cycle Estimate#

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE
1	MO 10/10/22 FR 11/04/22	06:00A-10:00A	30		3	3	3	3	4	--	16	\$16.00

Additional Comments	Total Spots	Spots Total\$	Net	Gross
	64	1,024.00	\$ 1,024.00	\$ 1,024.00

Billing Projections: By Month

	Oct 22	Nov 22
CA	816.00	208.00
ST	768.00	256.00

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

Ron McCarthy GM
Name Title

Name Title
Page 1

See reverse for accepted terms and conditions, if any

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, John Clayton, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED	
Candidate name: Jeff Tindle	
Authorized committee: I affirm that this is an independent expenditure I will report to the State of Iowa. I also affirm that this expenditure was made without the prior approval or coordination with a candidate, candidate's committee, or a ballot issue committee. I affirm I was the only individual who will pay for the costs of this expenditure. I am subject to the campaign laws in Iowa Code chapter 68A and rules in chapter 351 of the Iowa Code.	
Agency requesting time (and contact information): John Clayton, 428 Hamilton Ave., Apt 1, Grinnell, Iowa 50112 Cell phone: 641-260-7626 <input type="checkbox"/> N/A	
Candidate's political party: Republican	
Office sought (no acronyms or abbreviations): Poweshiek County Supervisor	
Date of election: November 8, 2022 <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary	
Treasurer of candidate's authorized committee: John Clayton, sole Individual making independent expenditures (IIE) Iowa Ethics Campaign Disclosure Board	
The undersigned represents that: (1) the payment for the broadcast time requested has been furnished by (check one box below): <input type="checkbox"/> the candidate listed above who is a legally qualified candidate, or <input checked="" type="checkbox"/> the authorized committee of the legally qualified candidate listed above; NOT AUTHORIZED RM (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	Station Representative
Signature: <i>John Clayton</i>	Signature: <i>Ron McCarthy</i>
Name: John Clayton	Name: RON MCCARTHY
Date of Request to Purchase Ad Time: 09/22/2022	Date of Station Agreement to Sell Time: 9/27/22

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: **N/A**

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 9/27/22

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 #: 47225	Station Call Letters: KGRN	Date Received/Requested: 9/27/22
Est. #:	Station Location: GRINNELL IA	Run Start and End Dates: 10/10-11/4 2022

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.

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, John Clayton, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: **Paul Pohlson**

Authorized committee: I affirm that this is an independent expenditure I will report to the State of Iowa. I also affirm that this expenditure was made without the prior approval or coordination with a candidate, candidate's committee, or a ballot issue committee. I affirm I was the only individual who will pay for the costs of this expenditure. I am subject to the campaign laws in Iowa Code chapter 68A and rules in chapter 351 of the Iowa Code.

Agency requesting time (and contact information): **John Clayton, 428 Hamilton Ave., Apt 1, Grinnell, Iowa 50112 Cell phone: 641-260-7626**

N/A

Candidate's political party: **Democratic**

Office sought (no acronyms or abbreviations): **Poweshiek County Supervisor**

Date of election: **November 8, 2022**

General

Primary

Treasurer of candidate's authorized committee: **John Clayton, sole Individual making independent expenditures (IIE) Iowa Ethics Campaign Disclosure Board**

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; **NOT AUTHORIZED RM**

(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	Station Representative
Signature: <i>John Clayton</i>	Signature: <i>Ron McCarthy</i>
Name: John Clayton	Name: RON MCCARTHY
Date of Request to Purchase Ad Time: 09/22/2022	Date of Station Agreement to Sell Time: 9/27/22

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: **N/A**

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 9/27/22

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 #: 47225	Station Call Letters: KGRN	Date Received/Requested: 9/27/22
Est. #:	Station Location: GRINNELL IA	Run Start and End Dates: 10/10 - 11/4 2022

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.