

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Cody Schmidt, hereby request station time as follows:

**IDENTIFY CANDIDATE TYPE**  FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Cody Schmidt  
Authorized committee: The Committee to elect Cody Schmidt  
Agency requesting time (and contact information):  
 N/A  
Candidate's political party: Republican  
Office sought (no acronyms or abbreviations): Great Bend Mayor  
Date of election: 11-7-2023  General  Primary  
Treasurer of candidate's authorized committee: Kami Schmidt

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	Station Representative
Signature: <u>Cody Schmidt</u>	Signature: <u>[Signature]</u>
Name: <u>Cody Schmidt</u>	Name: <u>Scott Donovan</u>
Date of Request to Purchase Ad Time: <u>10-27-23</u>	Date of Station Agreement to Sell Time: <u>10/27/23</u>

**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:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: 10-27-23

**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 #: <b>1808032020</b>	Station Call Letters: <u>KVOB-FM</u>	Date Received/Requested: <u>10/27/23</u>
Est. #:	Station Location: <u>Coleman Blvd AS</u>	Run Start and End Dates: <u>10/28-11/6/23</u>

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.

# Sales Order

Station: KVGB-FM Buyer: \_\_\_\_\_  
 Contract Name: CS 23 B 104 3 Note Nov 7th Tax Schedule: \_\_\_\_\_ (None)  
 Contract#: 1808032020 (none) Agency Commission %: 0  
 Start Date: 10/28/23 End Date: 11/06/23 Billing Cycle: Calendar  
 Revenue Type: Political Direct Type: Cash Salesperson: 5184sdon Comm %: 18  
 Advertiser: CODY SCHMIDT FOR MAYOR Makegood Policy: Within Contract Dates  
 Address: 5619 Broadway Avenue  
 City: Great Bend State: KS Zip: 67530  
 Product Name: CS 23 B 104 3 Vote Nov 7th  
 Competitive Code: Political Candidate

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	10/28/23	11/06/23		6:00 AM	12:00 AM	30	5	5	5	5	5	5	5	5	35	D	4.96	50	248.00	1

Billing Projections: By Month

Billing projections will be available after order is saved.

Print Spot Prices

TOTAL SPOTS ..... 50  
 GROSS TOTAL \$ ..... 248.00  
 ADJUSTED SPOTS ..... 50  
 ADJUSTED TOTAL \$ ..... 248.00

APPROVE    DECLINE

- General Manager
- Sales Manager
- National Sales Manager
- Local Sales Manager