

CONTRACT



KLAW-FM
 626 SW D Ave
 Lawton, OK 73501
 (580) 581-3600

<u>Contract / Revision</u> 930307 /		<u>Alt Order #</u>
<u>Advertiser</u> Oklahoma Association of Nurse Anesthetists		<u>Original Date / Revision</u> 03/07/19 / 03/07/19
<u>Contract Dates</u> 03/08/19 - 03/12/19	<u>Estimate #</u>	
<u>Product</u> POLITICAL ISSUE		
<u>Billing Cycle</u> EOM/EOC	<u>Billing Calendar</u> Calendar	<u>Cash/Trade</u> Cash
<u>Property</u> KLAW-FM	<u>Account Executive</u> JoAnne Taylor	<u>Sales Office</u> Local Lawton
<u>Special Handling</u>		
<u>Demographic</u> Households		
<u>Agy Code</u>	<u>Advertiser Code</u>	<u>Product 1/2</u>
<u>Agency Ref</u>	<u>Advertiser Ref</u>	

And:

Victory Enterprises
 5200 30th Street Southwest
 Davenport, IA 52802

KLAW-FM - 930307A

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/Week	Rate	Type	Spots	Amount
N 1	KLAW	03/08/19	03/12/19	M-F Prime Rotator	6a-7p		1:00			NM	24	\$960.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
Week:		03/04/19	03/10/19	----F--				8	\$40.00			
Week:		03/11/19	03/17/19	MT-----				16	\$40.00			
Totals											24	\$960.00

Time Period	# of Spots	Gross Amount	Agency Comm.	Net Amount
03/01/19 - 03/12/19	24	\$960.00	(\$144.00)	\$816.00
Totals	24	\$960.00	(\$144.00)	\$816.00

Contract Totals 24 \$960.00

Signature: _____ **Date:** _____

(* Line Transactions: N = New, E = Edited, D = Deleted)

Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location:	Date: 03/07/2019
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I, Leslie Owens

do hereby request station time concerning the following issue:

Healthcare

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
SEE BUY					

Total Charges: **SEE BUY**

This broadcast time will be used by: Oklahoma Association of Nurse Anesthetists

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"

Yes No

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

[Empty box for candidate information]

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

Oklahoma Association of Nurse Anesthetists

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

a corporation; a committee; an association; or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

Jenny Schmitt, President - PO Box 1197, Mustang, OK 73064

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.

TO BE SIGNED BY ISSUE ADVERTISER

03/07/2019

Date

Jenny Schmitt

Signature

563.362.2262

Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

Accepted

Accepted in Part

Rejected

Jo Taylor

Signature

Jo Taylor

Printed Name

DOS

Title

AGREED UPON SCHEDULE

For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
c	c	c	c	c	c

Total Charges: aa

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, 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.



Victory Enterprises
 5200 SW 30th St. Davenport IA 52802 - 563-884-4444 - Fax 563-884-4446
TO: JoAnne Taylor
FROM: Brian Dumas

TIME PLACEMENT ORDER

CLIENT: Oklahoma Association of Nurse Anesthetists **ORDER:** OK_OANA_3.8-3.12

FLIGHT

DATE: March 8 - 12

STATION: KLaw 101.3

REP: JoAnne Taylor

TRAFFIC: :60

TOTAL SCHEDULE: 24 Spots

Station/Tim e	Week		We							TOTAL AMOUNT		
	Begin Date	End Date	Mon	Tue	Wed	Thu	Fri	Sat	Sun		QTY.	RATE
M-F 6a-7p	4-Mar	10-Mar							8		\$40.00	\$320.00
M-F 6a-7p	11-Mar	17-Mar	8	8						16	\$40.00	\$640.00
Gross:											\$960.00	

Net: \$816.00

Ordered by _____

Approved by _____

SPECIAL INSTRUCTIC