

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: <u>KWEK FM / Lafayette, LA</u>	Date: <u>8/29/19</u>
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I, Smart Media Group,

being/on behalf of: Tim Temple,

a legally qualified candidate of the Republican

political party for the office of: Louisiana Insurance Commissioner

in the primary

election to be held on: November 12, 2019

do hereby request station time as follows:

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

Attach proposed schedule with charges (if available):

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

Temple for Insurance Commissioner, Louisiana

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:

Tim Temple

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

7/1/19

Date



Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected


Signature

Sylvia Whiting
Printed Name

Financial National
Title
Assistant

FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

I, _____
(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.



signature of candidate or authorized committee

Smart Media Group

printed name

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
SEE ATTACHED					

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.

POLITICAL INQUIRY FORM
(TO BE COMPLETED BY STATION REPRESENTATIVE RESPONDING TO THE INQUIRY)

INSTRUCTIONS: This form must be completed as to all requests, both oral and written, for broadcast time to be used by or on behalf of (1) a candidate for public office or (2) persons who wish to communicate a message relating to "any political matter of national importance," as defined in the Bipartisan Campaign Reform Act of 2002. It is to be kept in the Station Public File for a period of two years.

STATION KRRA

DATE OF REQUEST: 8/29/19

INQUIRY MADE BY: Smart media Group

AGENCY (if any): Katz media Group

ADDRESS OF AGENCY: 125 West 55th St 3rd Flr.

CITY, STATE, ZIP OF AGENCY: New York, NY 10019

TELEPHONE NUMBER OF AGENCY:

CANDIDATE: Tim Temple

ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY):

IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE:

ADDRESS OF COMMITTEE:

CITY, STATE, ZIP OF COMMITTEE:

TELEPHONE NUMBER OF COMMITTEE:

COMMITTEE OFFICERS:
Chairman:
Vice Chairman:
Treasurer:
Secretary:

Is this the Candidate's Authorized Committee? () yes () no

OFFICE SOUGHT: () federal () state local

PARTY AFFILIATION:

ELECTION AND DATE: primary () general

FOR ISSUE ADS ONLY:

- a. Candidate(s) and offices (if any) referred to: _____

- b. Federal election(s) (if any) referred to: _____
- c. Issue(s) discussed: _____
- d. Name, Address, Phone Number of Contact: _____

DATES REQUESTED:

LENGTH OF SPOT/PROGRAM TIME REQUESTED:

REQUEST MADE:

in writing () orally
If request is made in writing, attach and retain.

STATION OFFER:

DISPOSITION OF REQUEST:

granted () denied
If not granted, state reasons in space below. If denied in writing, attach and retain. If granted, attach contract and invoice, when available.

REQUEST FOR DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED:

() yes () no
Attach any written documentation received.

DATE POLITICAL DISCLOSURE FORM SUBMITTED TO REQUESTOR:

COMMENTS

STATION REP	<i>[Signature]</i>
REVIEWED	<i>Yes</i>

Aug 28, 19
 CONT# 33209326 Mod# Ver# 1 (Last =)
 REP Cumulus Media National Sales
 TO KNEK-FM (Lafayette, LA)
 FM BRIAN DONLEY
 OFF PHILADELPHIA
 AGY Katz Media Group
 ADDR 125 West 55th Street 3rd Floor
 New York, NY 10019

DDS CONT# 0
 C/P/E: na / na / 90991U

P30

SALESPERSON FAX#

PH # # 241355

BYR Helen Hanratty
 ADV TIM TEMPLE FOR INSURANCE COMMISSIONER
 PDT Temple for Insurance Commissioner
 FLT Sep 09, 19 - Sep 15, 19

AUG 29 2019

FILED

* REP ORDER COMMENT *

** 8/28/2019 1:05:00 PM: DEL RAY/SMART MEDIA/DEL CIELO: THIS ORDER WAS PAID TO KATZ CIA VIA CREDIT CARD - WHEN AN AGENCY PAYS KATZ MEDIA VIA CREDIT CARD, THERE IS A CUSTOMARY CREDIT CARD CHARGE ASSOCIATED WITH THE PAYMENT WHICH WILL BE CHARGED BACK TO THE STATIONS. PLEASE NOTE THERE IS A 24 HOUR CANCELLATION POLICY WITH ALL POLITICAL/ISSUE ORDERS. PLEASE CONFIRM IN THE SYSTEM.

** 8/28/2019 1:05:00 PM: THIS IS A KATZ MEDIA GROUP ORDER. ALL BILLING SHOULD BE SENT TO KATZ MEDIA GROUP 125 W 55TH ST./NY,NY 10019. KATZ MEDIA GROUP IS NOT LIABLE FOR PAYMENT.

** 8/28/2019 1:05:00 PM: THIS IS A NEW ISSUE/POLITICAL ORDER. PLEASE NOTE THERE IS A 24 HOUR CANCELLATION POLICY ON ALL ISSUE/POLITICAL ORDERS. PLEASE CONFIRM WITH ANGELA.HOMAN@KATZMEDIA.COM OR CALL 215-557-4230. THANK YOU!

MC	LN	DAYS	TIME	LEN	EFFECTIVE DATES	# OF Day	NPD	RATE	TOT SPTS
		FLIGHT 1							
	1.1	.T.....	6A - 10A	60	09/10/2019 - 09/10/2019	1D	1	\$50.00	1
	1.2	.T.....	10A - 3P	60	09/10/2019 - 09/10/2019	1D	1	\$50.00	1
	1.3	.T.....	3P - 7P	60	09/10/2019 - 09/10/2019	1D	1	\$50.00	1
					** FLIGHT TOTALS **		3	\$150.00	
		FLIGHT 2							
	2.1	..W....	6A - 10A	60	09/11/2019 - 09/11/2019	1D	1	\$50.00	1
	2.2	..W....	10A - 3P	60	09/11/2019 - 09/11/2019	1D	1	\$50.00	1
	2.3	..W....	3P - 7P	60	09/11/2019 - 09/11/2019	1D	1	\$50.00	1
					** FLIGHT TOTALS **		3	\$150.00	
		FLIGHT 3							
	3.1	...T...	6A - 10A	60	09/12/2019 - 09/12/2019	1D	1	\$50.00	1
	3.2	...T...	10A - 3P	60	09/12/2019 - 09/12/2019	1D	1	\$50.00	1
	3.3	...T...	3P - 7P	60	09/12/2019 - 09/12/2019	1D	1	\$50.00	1
					** FLIGHT TOTALS **		3	\$150.00	

CONT# 33209326 Mod# Ver# 1 (Last =)
 REP Cumulus Media National Sales

DDS CONT# 0
 C/P/E: na / na / 90991U

	Sep 19					
SPOTS	9					
CASH	450.00					
TRADE	0.00					
NSL	0.00					
TOTAL	450.00					

						TOTAL
SPOTS						9
CASH						450.00
TRADE						0.00
NSL						0.00
TOTAL						450.00

**** Competitive Comments ****

SVC: SP19 MSA ARB
 Demo Adults 35+

Nondiscrimination -Paragraphs 49 and 50 of the United States Federal Communications Commission's Report and Order No. 07-217 provides that broadcast stations' advertising contracts will not discriminate on the basis of race or ethnicity, and must contain nondiscrimination clauses. Consistent with this order, Katz Communications, Inc. (including any subsidiary or division of Katz) does not discriminate in any broadcast advertising contract on the basis of race or ethnicity and evaluates, negotiates and completes its broadcast advertising contracts without regard to race or ethnicity.

ORDER

Orders
Order / Rev: 241355
Alt Order #: 33209326
Product Desc: Temple for Insurance Commissioner
Estimate: 90991U
Flight Dates: 09/10/19 - 09/12/19
Original Date / Rev: 08/28/19 / 08/28/19
Order Type: GENERAL
Primary AE: KNEK-AM/FM
Sales Office: Katz New York
Sales Region: K-7.5
N-Katz75

Agency
Name: Katz Media Group
Buying Contact:
Billing Contact:
 125 West 55th Street
 New York, NY 10019
Billing Type: Cash
Billing Calendar: Broadcast
Billing Cycle: EOM/EOC
Agency Commission: 15%

Advertiser
Name: Temple/R/Insurance Commissioner
Demographic: A35+
Product Codes: Candidates
Revenue Code 1: AGY-AVAIL
Revenue Code 2: POL-CAND
Revenue Code 3: POL-STATE
New Business Thru:
Advertiser External ID:
Agency External ID:
Unit Code: General

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
08/26/19	09/12/19	9	\$450.00	\$382.50

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
September 2019	9	\$450.00	\$382.50	0.00
Totals	9	\$450.00	\$382.50	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Katz New York			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
N 1	KNEKA	09/10/19	09/12/19	M-F AM Drive M-F	CM	6:00 AM-10:00 AM	-111---	1:00	3	\$50.00	P-30	0.00	NM	3	\$150.00
AM -															
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>			<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>				
Week:		09/09/19	09/15/19	-111---			3		\$50.00		0.00				
N 2	KNEKA	09/10/19	09/12/19	M-F Midday M-F	CM	10:00 AM-3:00 PM	-111---	1:00	3	\$50.00	P-30	0.00	NM	3	\$150.00
MD -															
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>			<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>				
Week:		09/09/19	09/15/19	-111---			3		\$50.00		0.00				
N 3	KNEKA	09/10/19	09/12/19	M-F PM Drive M-F	CM	3:00 PM-7:00 PM	-111---	1:00	3	\$50.00	P-30	0.00	NM	3	\$150.00
PM -															
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>			<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>				
Week:		09/09/19	09/15/19	-111---			3		\$50.00		0.00				
													Totals	9	\$450.00