Delta Media KYMK-FM 106.3 P.O. Box 159 Carencro, La 70520 (337) 896-1600 **KYMK-FM 106.3 Order Confirmation** 

OrderID:

4916-003

Sponsor:

David Eaton State Representive District 49

Product:

David Eaton State Representive District 49 - VERM

Estimate/PO: AccountRep:

House Accounts Calendar Month Detail Affidavit

BillingCycle: InvoiceType: Run Dates:

10/13/2023 - 10/13/2023

Items Ordered: 03 Ordered Amount: \$180.00

03

DAVID EATON STATE REPRESENTIVE DISTRICT 49

## Scheduled Station(s): KYMK-FM 106.3 David Eaton State Representive District 49 - VERMILLION PARISH GAME OF THE WEEK

Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
1 10/13/2023 - 10/13/2023	=>Vermilion High F	=>Vermilion High Footbal	ı				3			3	:60	Spot	VF	R4916-001	3	60.00	180.00
Calendar Month Project	ed Billing:								72.7								100.00
Oct-23	180.00	Nov-2	23			0.00	)		D	ec-23		0.00	)	Q4	-2023		180.00
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onfirmed Correct; Pa	avmont Cuaran	tood .									VI 106.3						

## Candidate:

David Eaton, State Representative District 49

Schedule:

Flight Dates: October 12th- 14th

**ESPN-103.7 KLWB** 

Wed/Thurs/Fri/Sat

9a-6p

Total: \$638 net

22x- 0 second commercials \$29 gross rate=\$638

KFXZ-AM NewsTalk 98.5/1520AM

2p-4p Wed/Thurs/Fri

8a-2p

Total: \$372

Saturday

12x-30 second commercials \$25 Fixed Rate=\$300

4x-30 second commercials \$18 net rate = \$72

High School Football:

\$60=\$180 3x- Vermillion Parish Game of the Week

3x-Southside Football

\$60=\$180

Total Net Spend \$1370

Signature

Station Rep:

Corporation

## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.							
1 Charles Buckels	, hereby request station time as follows:						
,	, Hereby request station time as ronows.						
FED	ERAL CANDIDATE						
IDENTIFY CANDIDATE TYPE STA	TE OR LOCAL CANDIDATE						
ALL QUESTIONS/BLOC	KS MUST BE COMPLETED						
Candidate name:  DAVID EATON							
Authorized committee:							
Agency requesting time (and contact information):							
N/A							
Candidate's political party:							
Republican							
000							
State Representations?							
Date of election:    Date of election:   General   Primary							
10/19123							
Treasurer of candidate's authorized committee:							
Itmoreda Eaton							
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.							
Candidata/Committee/Assesses	S						
Candidate/Committee/Agency	Station Representative						
Signature:	Signature: Lame						
Name: Charlie Buckels Name: Shande Lavergne							
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: 15 15 72						

## 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: 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 #: Station Çall Letters: Date Received/Requested: Est. #: Station Location: Run Start and End Dates: asauptte

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.