

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Katy Wells, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Sarah Smith

Authorized committee:

Sarah Smith for Iowa

Agency requesting time (and contact information):

N/A **Double You Marketing, Inc.**

Candidate's political party:

Iowa Democratic Party

Office sought (no acronyms or abbreviations):

Iowa House District 53

Date of election:

November 8, 2022

General

Primary

Treasurer of candidate's authorized committee:

Paul Pohlson

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:

Katy Wells

Signature:

Ron McCarthy

Name: **Katy Wells**

Name:

RON MCCARTHY

Date of Request to Purchase Ad Time: **10/13/22**

Date of Station Agreement to Sell Time: **10/13/22**

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:

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 10/13/22

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 #: <u>47358</u>	Station Call Letters: <u>KGJN</u>	Date Received/Requested: <u>10/13/22</u>
Est. #:	Station Location: <u>GRINNELL</u>	Run Start and End Dates: <u>10/14-</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.

Broadcast Contract

Sarah Smith for Iowa House
 Attn: Kathryn Wells
 2125 Country Club Drive
 Grinnell, IA 50112

Attn: KATY WELLS

Start Date 10/14/22	Contract# 47358	Mod# 2
End Date 11/08/22	Date Entered 10/12/22	Date Last Modified 10/13/22
Advertiser Sarah Smith for Iowa		Station Market KGRN-AM
Product POLITICAL		SalesRep/Office House House

Calendar Billing Cycle Estimate#

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE
1	TU 10/18/22 TH 10/20/22	06:00A-07:00P	30	--	2	--	2	--	--	--	4	\$12.00
2	MO 10/24/22 FR 10/28/22	06:00A-07:00P	30	2	--	2	--	2	--	--	6	\$12.00
3	MO 10/31/22 FR 11/04/22	06:00A-07:00P	30	2	--	2	--	2	--	--	6	\$12.00
4	MO 11/07/22 MO 11/07/22	06:00A-07:00P	30	3	--	--	--	--	--	--	3	\$12.00
5	TU 11/08/22 TU 11/08/22	06:00A-03:00P	30	--	2	--	--	--	--	--	2	\$12.00
6	FR 10/14/22 FR 10/14/22	07:00P-10:00P	30	--	--	--	--	1	--	--	1	\$50.00

<u>Additional Comments</u>	Total Spots	Spots Total\$	Net	Gross
	22	302.00	\$ 302.00	\$ 302.00

Billing Projections: By Month

	Oct 22	Nov 22
CA	194.00	108.00
ST	170.00	132.00

Accepted for Station

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

 Name Title
 See reverse for accepted terms and conditions, if any

 Name Title
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