

Sales Order

Station: **KGRN-AM** Buyer: **DAVE MAXWELL**
 Contract Name: **MAXWELL FOR ST HOUSE 2022** Tax Schedule: **(None)**
 Contract#: **46094** Agency Commission %: **0**
 Start Date: **5/23/22** End Date: **6/07/22** Billing Cycle: **Calendar**
 Revenue Type: **LOCAL DIRECT** Type: **Cash** Salesperson: **2000house** Comm %: **0**
 Advertiser: **Dave Maxwell for Iowa House** Makegood Policy: **Within Contract Dates**
 Address: **2171 540th Avenue**
 City: **Gibson** State: **IA** Zip: **50104**
 Product Name: **MAXWELL FOR STATE HOUSE 2**
 Competitive Code: **POLITICAL**

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	5/23/22	5/27/22		6:00 AM	10:00 AM	30	1	1	1	1	1			5	D	12.00	5	60.00	1
2	5/23/22	5/27/22		12:00 PM	1:00 PM	30	1	1	1	1	1			5	D	12.00	5	60.00	1
3	5/23/22	5/27/22		3:00 PM	7:00 PM	30	1	1	1	1	1			5	D	12.00	5	60.00	1
4	5/31/22	6/03/22		6:00 AM	10:00 AM	30		2	2	2	2			8	D	12.00	8	96.00	1
5	5/31/22	6/03/22		12:00 PM	1:00 PM	30		1	1	1	1			4	D	12.00	4	48.00	1
6	5/31/22	6/03/22		3:00 PM	7:00 PM	30		2	2	2	2			8	D	12.00	8	96.00	1
7	6/06/22	6/07/22		6:00 AM	10:00 AM	30	2	2						4	D	12.00	4	48.00	1
8	6/06/22	6/07/22		12:00 PM	1:00 PM	30	1	1						2	D	12.00	2	24.00	1
9	6/06/22	6/06/22		3:00 PM	7:00 PM	30	2							2	D	12.00	2	24.00	1

Billing Projections: By Month

	May 22	Jun 22
CA	240.00	276.00
ST	180.00	336.00

Print Spot Prices

TOTAL SPOTS **43**
 GROSS TOTAL \$ **516.00**
 ADJUSTED SPOTS **43**
 ADJUSTED TOTAL \$ **516.00**

APPROVE DECLINE
 General Manager
 Sales Manager
 National Sales Manager
 Local Sales Manager

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, David E. Maxwell, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED	
Candidate name:	<u>DAVID E. MAXWELL</u>
Authorized committee:	<u>MAXWELL FOR STATEHOUSE</u>
Agency requesting time (and contact information):	<input type="checkbox"/> N/A
Candidate's political party:	<u>REPUBLICAN</u>
Office sought (no acronyms or abbreviations):	<u>IOWA HOUSE OF REPRESENTATIVES</u>
Date of election:	<u>JUNE 7, 2022</u> <input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee:	<u>ROYAL BOLAND</u>
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(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).</p> <p>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</p>	
Candidate/Committee/Agency	Station Representative
Signature: <u>David E Maxwell</u>	Signature: <u>Ron McCarthy</u>
Name: <u>DAVID E MAXWELL</u>	Name: <u>RON MCCARTHY</u>
Date of Request to Purchase Ad Time: <u>5-20-22</u>	Date of Station Agreement to Sell Time: <u>5/20/22</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: 5/20/22
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>46094</u>	Station Call Letters: <u>KGRN</u>	Date Received/Requested: <u>5/20/22</u>
Est. #:	Station Location: <u>GRINNELL</u>	Run Start and End Dates: <u>5/23-6/7</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.