CANDIDATE ADVERTISEMENT AGREEMENT FORM

I, DAVID & MAXWELL	s. See Invoice for actual schedule and charges, hereby request station time as follows:				
IDENTIFY CANDIDATE TYPE STA	DERAL CANDIDATE TE OR LOCAL CANDIDATE				
ALL QUESTIONS/BLOC	KS MUST BE COMPLETED				
Candidate name: DAVID E MAXWEL					
MAXWELL for STA	TEHOUSE				
Agency requesting time (and contact information): N/A					
Candidate's political party: REPUBLICAN					
Office sought (no acronyms or abbreviations):	Description of Discourse				
Date of election: JUNE 7, 2023	RESENTATIVES DISTRICT 53 General Primary				
Treasurer of candidate's authorized committee: ROYAL ROLAND) ·				
The undersigned represents that:					
(1) the payment for the broadcast time requested has been functions the candidate listed above who is a legally qualified ca	mished by (check one box below); ndidste, or				
the authorized committee of the legally qualified cand					
(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 politices, 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				
Signatura: David E. May well	Signature: Row MC Carthy				
Name: DAVID & MAXWELL Name: RON MCCARTHY					
Date of Request to Purchase Ad Time: 5/31/22 Date of Station Agreement to Sell Time: 5/31/22					

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:							
TC	BE COMPLETED BY STATION O	VILY					
Ad submitted to Station? Yes	No Date ad received:	ALREADY AIRING					
Note: Must have separate PB-19 For	ms for each version of the ad (i.e., for e	every ad with differing copy).					
Federal candidate certification signed (ak	pove): 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 #: 46094	Station Call Letters: KGRN-AM	Date Received/Requested: 5/3/					
Est. #:	Station Location: GRINNELL, IA	Run Start and End Dates: 6// ADD-ON SCHEDULE					
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.							

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Broadcast Contract

Dave Maxwell for Iowa House 2171 540th Avenue Gibson, IA 50104

See reverse for accepted terms and conditions, if any

Attn: DAVE MAXWELL

Start Date	Contract#	Mod#		
05/23/22	46094	1		
End Date	Date Entere	ed Date Last Modified		
06/07/22	05/20/22	05/31/22		
Advertiser		Station Market		
Dave Maxwell for I	ow	KGRN-AM		
Product MAXWELL FOR STATE		SalesRep/Office House House		

Calendar Billing Cycle Estimate#

Page

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	Attn: DAVE MAXWELL			C	alend	iar Bi	lling	Cycle	e Es	stimate#	
LN	DATE	TIMES/PROGRAMS	LEN MC		WE	ТН	FR	SA		SPOTS WK	RATE
1	MO 05/23/22 FR 05/27/22	06:00A-10:00A	30	1 1	1	1	1			5	\$12.00
2	MO 05/23/22 FR 05/27/22	12:00P-01:00P	30	1 1	1	1	1			5	\$12.00
3	MO 05/23/22 FR 05/27/22	03:00P-07:00P	30	1 1	1	1	1		-	5	\$12.00
4	TU 05/31/22 FR 06/03/22	06:00A-10:00A	30	2	2 2	2	2			8	\$12.00
5	TU 05/31/22 FR 06/03/22	12:00P-01:00P	30	1	1	1	1			4	\$12.00
6	TU 05/31/22 FR 06/03/22	03:00P-07:00P	30	2	2 2	2	2	-		8	\$12.00
7	MO 06/06/22 TU 06/07/22	06:00A-10:00A	30	2 2	2			-		4	\$12.00
8	MO 06/06/22 TU 06/07/22	12:00P-01:00P	30	1 1						2	\$12.00
9	MO 06/06/22 MO 06/06/22	03:00P-07:00P	30	2 -	-					2	\$12.00
10	WE 06/01/22 MO 06/06/22	06:00A-07:00P	30 ADD O	6 -	_	-	5	4		25	\$12.00
11	TU 06/07/22 TU 06/07/22	06:00A-10:00A	30 ADD OI	3	3					3	\$12.00
	Additional Comments	Total Spots	Spots Total\$ 852.00							Net \$ 852.00	Gross \$ 852.00
<u>Billin</u>	ng Projections: By Month										
Acce	epted for Station	Acc	epted for adver	tiser C	R age	ency(a	and M	/IBS,	if any) as agent for t	he advertiser
Nam	e	Title	Name							Title	

Broadcast Contract

Dave Maxwell for Iowa House 2171 540th Avenue Gibson, IA 50104

Attn: DAVE MAXWELL

	May 22	Jun 22
CA	240.00	612.00
ST	180.00	672.00

Start Date 05/23/22	Contract# 46094	Mod# 1		
End Date 06/07/22	Date Entered Date Last Modifie 05/20/22 05/31/22			
Advertiser Dave Maxwell for I	ow	Station Market KGRN-AM		
Product MAXWELL FOR ST	ATE	SalesRep/Office House House		

Calendar Billing Cycle Estimate#

Accepted for Station		Accepted for advertiser OR agency(and MBS, if any) as agent for the advertise				
Name	Title	1	Name	Title		
See reverse for accepted terms and condit	tions, if any			Page	2	