

CONTRACT

KMON-FM
PO Box 3309
Great Falls, MT 59403
WOpayments3@townsquaremedia.com
(406) 761-7600

<u>Contract / Revision</u> 3450931 /		<u>Alt Order #</u>
<u>Advertiser</u> Don Ryan for Cascade County Commissioner		<u>Original Date / Revision</u> 06/24/22 / 06/24/22
<u>Contract Dates</u> 06/30/22 - 07/04/22	<u>Estimate #</u>	
<u>Product</u> 2022		
<u>Billing Cycle</u> EOM/EOC	<u>Billing Calendar</u> Calendar	<u>Cash/Trade</u> Cash
<u>Property</u> KMON-FM	<u>Account Executive</u> Ron Korb	<u>Sales Office</u> Local Great Fall
<u>Special Handling</u>		
<u>Demographic</u> Households		
<u>Agy Code</u>	<u>Advertiser Code</u>	<u>Product 1/2</u>
<u>Agency Ref</u>		<u>Advertiser Ref</u>

And:

Don Ryan for Cascade County Commissioner
Attention: Don Ryan
PO Box 2932
Great Falls, MT 59403

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/Week	Rate	Type	Spots	Amount
N 1	KMON	06/30/22	07/04/22	M-Su 6a-7p	6a-7p		:30			NM	25	\$300.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
Week:		06/30/22	07/06/22	M--TFSS				25	\$12.00			
Totals											25	\$300.00

Time Period	# of Spots	Gross Amount	Net Amount
06/01/22 - 06/30/22	5	\$60.00	\$60.00
07/01/22 - 07/04/22	20	\$240.00	\$240.00
Totals	25	\$300.00	\$300.00

Signature: _____ Date: _____

(* Line Transactions: N = New, E = Edited, D = Deleted)

Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Don Ryan, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Don Ryan

Authorized committee:

Don Ryan for County Commissioner

Agency requesting time (and contact information):

☐ N/A

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

Cascade County Commissioner

Date of election:

11-8-2022

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

Don Ryan

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:

Don Ryan

Signature:

Ken Korb

Name:

DON RYAN

Name:

Ken Korb

Date of Request to Purchase Ad Time:

6/23/22

Date of Station Agreement to Sell Time:

6/23/2022

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: 06/28/22

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

- ad received

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 #:

3450931

Station Call Letters:

KMOJ-PM

Date Received/Requested:

06-23-22

Est. #:

n/a

Station Location:

Great Falls, Montana

Run Start and End Dates:

06/30/22 - 07/04/22

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.