

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tim Goodwin, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Tim Goodwin

Authorized committee: Goodwin For House

Agency requesting time (and contact information):
 N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): Representative State House

Date of election: General Primary

Treasurer of candidate's authorized committee:
Tim Goodwin

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: <u>Tim Goodwin</u>	Signature: <u>Mike Fell</u>
Name: <u>Tim Goodwin</u>	Name: <u>Mike Fell</u>
Date of Request to Purchase Ad Time: <u>4-11-24</u>	Date of Station Agreement to Sell Time: <u>4-11-24</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: 4-12-24

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 4/12
- 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 Call Letters: <u>KRRQ-FM</u>	Date Received/Requested: <u>4-11-24</u>
Est. #:	Station Location: <u>Rapid City</u>	Run Start and End Dates: <u>4/15 - 6/14 2024</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.

First Air Date: 4/15/2024 Date Submitted: 4/12/2024 Salesperson: Mike Fell

Contract # VT: _____ New Order Add Revise
 Contract # NL9: _____

Cust/ Adv Name: Tim Goodwin For SD House New Client
 Billing Address: _____

Type of Business: political
 Contact: Tim Goodwin
 Phone: _____ Fax: _____

Any Special Needs or Instructions?
 Republican Primary 2024
 IF AGENCY: Name _____
 Address _____
 Agency Discount? Yes No
 Est No. _____ Prod Code _____ Client Code _____
 Local National Political
 Alternating Weeks Streaming Trade

Co-op Billing? Yes No If Yes, Co-op Description: _____

Station	Live	Cart	Length	Start Date	End Date	Start Time	End Time	Rate	M	TU	W	TH	F	S	S	Total #	Total \$
1		X	:60	4/15/2024	4/24/2024	6a	7p	12.00	3	3	3	2	3			23	\$276.00
2		X	:60	5/20/2024	5/30/2024	6a	7p	12.00	1	1	2	2	2			14	\$168.00
3		X	:60	6/1/2024	6/4/2024	6a	7p	10.00						4		4	\$80.00
4		X	:60	6/3/2024	6/4/2024	6a	7p	12.00	5	5						10	\$120.00
5		X	:60	4/15/2024	4/24/2024	6a	7p	12.00	3	3	3	3	3			24	\$288.00
6		X	:60	5/20/2024	5/30/2024	6a	7p	12.00	1	1	2	2	2			14	\$168.00
7		X	:60	6/1/2024	6/2/2024	6a	7p	10.00						4		4	\$80.00
8		X	:60	6/3/2024	6/4/2024	6a	7p	12.00	5	5						10	\$120.00
9																0	\$0.00
10																0	\$0.00
11																0	\$0.00
12																0	\$0.00
13																0	\$0.00
14																0	\$0.00

Rev 12/19
 SPOTS: 111
 STREAMING: 111
 GROSS REVENUE: \$1,300.00
 AGCY DSGT 15%
 NET REVENUE: \$1,300.00

Description: _____ \$ per Month: _____ # Mos: _____
 NONSPOT: \$ -
 NONSPOT: \$ -
 TOTALS: \$1,300.00

BROADCAST ORDER

TRAFFIC USE ONLY
 CONFIRM SENT Y N



PROD



ORDER



ALL
 KDDX
 KZZI
 KZLK
 KQRQ
 KOTA
 KDSJ

SCHEDULE DATE: 4/15/24

SCHEDULE END DATE: 6/4/24

Multiple Dates/See Below

CLIENT: Tim Goodwin For SD House

A/E: Mike Fell

LENGTH: :60

REMOTE

REMOTE PROMO (30)

TRADE: YES

COOP: YES

COOP/COPY NAME: _____

SPONSORSHIP: WX (15 SEC)
 NEWS
 SPORTS
 MORNING
 OTHER: _____

STREAM: YES

SCRIPT ATTACHED**: YES (**Script required 24 hours to start date and time)

MUSIC: YES NO

GENRE/TEMPO REQUEST: patriotic instrumental

NEEDS APPROVAL: NO YES TO: Please Choose One

BY DATE: April 12th

SEND AD TO: mike.fell@rapidcity.fm

Production From: Mike Fell E-Mail

Talent: Tim Goodwin & Mike

AD NAME(S)	NEW	ADD	ATT	ISCI CODE	%	LENGTH	RUN DATES		CART(S) PROD USE
Property Tax Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		100	:60	4/15	6/4	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

SPECIAL INSTRUCTIONS:

April, I sent the VO over about 9 AM this morning. Run 100%. Thanks!!

PRODUCTION USE ONLY

PC

NL

SKYLA

WH

CART

ENTER COPY

CHANGE COPY

LOAD

SEND (KDDX or KZZI)