

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	<input type="checkbox"/>	FEDERAL CANDIDATE
	<input checked="" type="checkbox"/>	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>[Signature]</u>	Signature: <u>[Signature]</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: _____

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

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.

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
 IF AGENCY: Name: _____
 Agency Discount? Yes No Client Code: _____
 Est No. _____ Prod Code: _____
 Phone: _____ Fax: _____

TRAFFIC USE ONLY
 CONFIRM SENT Y N
 Local National Political
 Alternating Weeks Streaming Trade

Any Special Needs or Instructions? Republican Primary 2024

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 \$
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			KOTA		X	:30	4/15/2024	4/24/2024	6a	7p	10.00	3	3	3	3				24	\$240.00
	<input type="checkbox"/>	<input type="checkbox"/>			KOTA		X	:30	5/20/2024	5/30/2024	6a	7p	10.00	3	2	2	2	3			21	\$210.00
	<input type="checkbox"/>	<input type="checkbox"/>			KOTA		X	:30	6/1/2024	6/4/2024	6a	7p	8.00						5	5	10	\$80.00
	<input type="checkbox"/>	<input type="checkbox"/>			KOTA		X	:30	6/3/2024	6/4/2024	6a	7p	10.00	6	6						12	\$120.00
	<input type="checkbox"/>	<input type="checkbox"/>			KQRQ		X	:30	4/15/2024	4/24/2024	6a	7p	10.00	3	3	3	3	3			24	\$240.00
	<input type="checkbox"/>	<input type="checkbox"/>			KQRQ		X	:30	5/20/2024	5/30/2024	6a	7p	10.00	3	2	2	2	3			21	\$210.00
	<input type="checkbox"/>	<input type="checkbox"/>			KQRQ		X	:30	6/1/2024	6/2/2024	6a	7p	8.00						5	5	10	\$80.00
	<input type="checkbox"/>	<input type="checkbox"/>			KQRQ		X	:30	6/3/2024	6/4/2024	6a	7p	10.00	6	6						12	\$120.00
	<input type="checkbox"/>	<input type="checkbox"/>																			0	\$0.00
	<input type="checkbox"/>	<input type="checkbox"/>																			0	\$0.00
	<input type="checkbox"/>	<input type="checkbox"/>																			0	\$0.00
	<input type="checkbox"/>	<input type="checkbox"/>																			0	\$0.00
	<input type="checkbox"/>	<input type="checkbox"/>																			0	\$0.00

SPOTS	GROSS REVENUE	AGCY DSCT 15%	NET REVENUE
134	\$ 1,300.00	\$ -	\$ 1,300.00
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
134	\$ 1,300.00	\$ -	\$ 1,300.00

Rev 12/19
 Description \$ per Month # Mos
 SPOTS: 134
 STREAMING: \$ -
 NONSPOT: \$ -
 NONSPOT: \$ -
 TOTALS 134 \$ 1,300.00