

# CONTRACT



**KZRV-FM**  
 640 Lincoln Avenue SE  
 St. Cloud, MN 56304  
 wopayments4@townsquaremedia.com  
 (320) 251-4422

river967.com

And:

**Tami Calhoun for MN**  
 P.O. Box 341  
 Waite Park, MN 56387

<u>Contract / Revision</u> 3698334C /		<u>Alt Order #</u>
<u>Advertiser</u> Tami Calhoun for MN		<u>Original Date / Revision</u> 11/01/22 / 11/01/22
<u>Contract Dates</u> 11/02/22 - 11/07/22	<u>Estimate #</u>	
<u>Product</u> November 2022		
<u>Billing Cycle</u> EOM/EOC	<u>Billing Calendar</u> Calendar	<u>Cash/Trade</u> Cash
<u>Property</u> KZRV-FM	<u>Account Executive</u> Lynn Olson	<u>Sales Office</u> Local St Cloud
<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>	

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/Week	Rate	Type	Spots	Amount
N 1	KZRV	11/02/22	11/07/22	M-F AM Drive	6a-10a		:30			NM	36	\$684.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	10/31/22	11/06/22	--WTF--				27	\$19.00			
	Week:	11/07/22	11/13/22	M-----				9	\$19.00			
N 2	KZRV	11/05/22	11/05/22	Sa-Su AM	6a-10a		:30			NM	10	\$80.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	10/31/22	11/06/22	-----S-				10	\$8.00			
N 3	KZRV	11/02/22	11/04/22	M-F PM Drive	3p-7p		:30			NM	29	\$377.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	10/31/22	11/06/22	--WTF--				29	\$13.00			
<b>Totals</b>											<b>75</b>	<b>\$1,141.00</b>

Time Period	# of Spots	Gross Amount	Net Amount
11/01/22 - 11/07/22	75	\$1,141.00	\$1,141.00
<b>Totals</b>	<b>75</b>	<b>\$1,141.00</b>	<b>\$1,141.00</b>

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, Tami Calhoun, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Tami Calhoun

Authorized committee:

Tami For MN

Agency requesting time (and contact information):

N/A

Candidate's political party:

DFL

Office sought (no acronyms or abbreviations):

MN House of Representative 14A

Date of election:

11-8-22

General

Primary

Treasurer of candidate's authorized committee:

Daniel Calhoun

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>Tamara Calhoun</u>	Signature: <u>Lynn Rae Olson</u>
Name: <u>Tamara Calhoun</u>	Name: <u>Lynn Rae Olson</u>
Date of Request to Purchase Ad Time: <u>11-1-22</u>	Date of Station Agreement to Sell Time: <u>11/1/22</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: 11/1/22

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 #:	Station Call Letters:	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates:

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.