

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Sam Golostew, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: DONALD RAINWATER

Authorized committee: RAINWATER FR INDIANA

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

Candidate's political party: LIBERTARIAN


Office sought (no acronyms or abbreviations): GOVERNOR OF INDIANA

Date of election: General Primary

Treasurer of candidate's authorized committee:
MICHAEL SCHULTHEISS

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: 	Signature: <u>Tami Wallerich</u>
Name: <u>Sam Golostew, Campaign Manager</u>	Name: <u>Tami Wallerich</u>
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: <u>10/16/20</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: _____

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 (optional): _____

*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 #: <i>2693-00004</i>	Station Call Letters: <i>W MYK</i>	Date Received/Requested: <i>10/16/20</i>
Est. #:	Station Location: <i>Kokomo - Bunker Hill</i>	Run Start and End Dates: <i>10/17/20-10/23/20</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.

HOOSIER AM/FM LLC KOKOMO WZWZ WIOU WMYK
 P.O. BOX 2208
 KOKOMO, IN 46904-2208
 765-453-1212

Order #: **2693-00004**
 Description:
 Date Entered: 10/16/2020
 P.O.#:
 Salesperson: HOUSE, ACCOUNT
 Invoice Frequency: Billed at end of Cal/EOS, Sorted by Date
 Phone/Fax: 317-345-5423

RAINWATER FOR INDIANA
 Attn: EVAN MCMAHON
 1950 E GRAYHOUND PASS
 SUITE 18 PMB105
 CARMEL, IN 46033

On-Air Schedule

Start Date	End Date	Station	Scheduled Time/Event	Repeated	Length	Qty	Rate	Total	M	Tu	W	Th	F	Sa	Su
1 10/17/2020	10/18/2020	WMYK-FM	06:00:00a to 07:00:00p	Weekly	1:00	8	10.00	80.00	0	0	0	0	0	4	4
2 10/19/2020	10/23/2020	WMYK-FM	06:00:00a to 10:00:00a	Weekly	1:00	10	15.00	150.00	2	2	2	2	2	4	4
3 10/19/2020	10/23/2020	WMYK-FM	03:00:00p to 07:00:00p	Weekly	1:00	10	15.00	150.00	2	2	2	2	2	4	4

Order Start Date: 10/17/2020 Order End Date: 10/23/2020 Spots: 28 Total Charges: \$380.00

Projected Calendar Month/End-Of-Schedule Billing Totals for RAINWATER FOR INDIANA / 2693-00004 :

		<u>Spot Count</u>	<u>Net Billing</u>
October	2020	28	\$380.00

Confirmed & Accepted for HOOSIER AM/FM LLC KOKOMO WZWZ WIOU WM

Accepted for RAINWATER FOR INDIANA By:

 Please Sign and Return One Copy