Print Date 08/25/22

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CONTRACT



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

river967.com

And:

Aric Putnam Attention: Aric Putnam P O Box 5012 Saint Cloud, MN 56302

	Contract / Rev 3575130C	rision /		Alt Order	<u>#</u>	
Advertiser			<u>Or</u>	iginal Date	/ F	Revision
Aric Putnam			C	8/25/22	1	08/25/22
Contract Dates	Estimate #					
09/09/22 - 11/07/22						
Product	•					
September - November 2022						
	Billing Cycle	Billing Calendar Cash/Trad		ash/Trade		

EOM/EOC Calendar Cash Property Account Executive Sales Office KZRV-FM Lynn Olson Local St Cloud Special Handling Demographic Households Agy Code Advertiser Code Product 1/2 Advertiser Ref Agency Ref

				Start/End		Spots/				
*Line Ch Start	Date End D	ate Description	on	Time	Days	Length Week	Rate	TypeS	pots	Amount
N 1 KZRV 09/09	/22 11/07/2	22 M-F AM D	rive	6a-10a		:30		NM	79	\$1,501.00
Start Date	End Date	Weekdays	Spots/Week	<u>Rate</u>						
Week: 09/05/22	09/11/22	F	2	\$19.00				- 1		
Week: 09/12/22	09/18/22	MTWTF	10	\$19.00						
Week: 09/19/22	09/25/22	MTWTF	10	\$19.00				- 1		
Week: 09/26/22	10/02/22	MTWTF	10	\$19.00				- 1		
Week: 10/03/22	10/09/22	MTWTF	10	\$19.00						
Week: 10/10/22	10/16/22	MTWTF	10	\$19.00						
Week: 10/17/22	10/23/22	MTWTF	10	\$19.00				- 1		
Week: 10/24/22	10/30/22	MTWTF	10	\$19.00						
Week: 10/31/22	11/06/22	MTWTF	5	\$19.00						
Week: 11/07/22	11/13/22	M	2	\$19.00						

Totals 79 \$1,501.00

Time Period	# of Spots	Gross Amount	Net Amount
09/01/22 -09/30/22	32	\$608.00	\$608.00
10/01/22 -10/31/22	41	\$779.00	\$779.00
11/01/22 -11/07/22	6	\$114.00	\$114.00
Totals	79	\$1,501.00	\$1,501.00

Signature:	Date:
olynature.	

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.					
I, Mric Potnam, hereby request station time as follows					
1	, hereby request station time as follows.				
[In the second of the second o	DERAL CANDIDATE				
IDENTIFY CANDIDATE TYPE	TE OR LOCAL CANDIDATE				
٠٠٠ لـــــــع					
ALL QUESTIONS/BLOC	KS MUST BE COMPLETED				
Candidate name:					
ARK POTWAM					
Authorized committee:					
HEFT FOR MN					
Agency requesting time (and contact information):					
N/A					
Candidate's political party:	The second secon				
05/					
Office sought (no acronyms or abbreviations):					
SCNATE DISTORES	H				
Date of election:	General Primary				
Treasurer of candidate's authorized committee:					
KRIS HAGEN					
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.	ANIMINATION ON THE BASIS OF RACE OR ETHINICITY				
Candidate/Committee/Agency	Station Representative				
Signature:	Signature:				
No.	Symtas Olan				
Name: ARIC PUTMAN	Name: Lunn Rae O(s un				
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: 8/25/				

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/A	Agency					
Signature:						
Name:						
Date:						
то	BE COMPLETED BY STATION ON	ULY .				
Ad submitted to Station? Yes	No Date ad received: .	8/25/22				
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 (ab	ove): 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.						
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