## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See Order for proposed schedule and charges	s. See <b>Invoice</b> for actual schedule and charges.				
4 Signed ommen	, hereby request station time as follows:				
	ERAL CANDIDATE				
I IDENTIFY CANDIDATE TYPE	TE OR LOCAL CANDIDATE				
V SIA	TE OR LOCAL CANDIDATE				
ALL QUESTIONS/BLOC	KS MUST BE COMPLETED				
Candidate name:					
Authorized committee:					
NA					
Agency requesting time (and contact information):					
N/A					
Candidate's political party:					
Office sought (no acronyms or abbreviations):	- 206 )				
Date of election: $\sqrt{1/1/22}$	General Primary				
Treasurer of candidate's authorized committee:					
The undersigned represents that:					
(1) the payment for the broadcast time requested has been fu	rnished 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.					
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	CRIMINATION ON THE BASIS OF RACE OR ETHNICITY				
Candidate/Committee/Agency	Station Representative				
Signature:	Signature:				
Name: Lynne Lomman	Name: Depol				
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:				

×

Federal Candidate Certification:  The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the for a duration of at least four seconds and a simultaneously displayed printed statement identifying the cather candidate approved the broadcast and that the candidate and/or the candidate's authorized committed broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the office being sought and that the candidate has approved the broadcast.									
	Candidate/Authorized Committee/Agency								
4	Signature:								
	Name: Lynne Lommen								
	Date: O								
	TO BE COMPLETED BY STATION ONLY								
	Ad submitted to Station? Yes No								
	Date ad received: 10 12 22								
	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 #: Date Received/Requested:								
	Est. #:  Station Location:  Run Start and End Dates:  LO 113 - LO 13   22								
	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

Print Date 10/11/22

Page 1 of 2

KXRA-AM PO Box 69 WSTALK RADIO Alexandria, MN 56308 1490 AM | 100.3 FM | 105.7 FM (320) 763-3131

www.voiceofalexandria.com

And:

Lynne Lommen for Dist 206 School Board 418 Harmony Hills Dr. NE Alexandria, MN 56308

	Contract / Revision			Alt Order #		
	204242	/				
Advertiser			Or	iginal Date	/ Revision	
Lynne Lommen for Dist 206 School Bo			1	10/11/22	/ 10/11/22	
Contract Dates	Estimate #					
10/13/22 - 10/31/22						
Product	•					
General Election Campaign						
	Billing Cycle	Billing Calendar		endar	Cash/Trade	
	EOM/EOC	Calendar			Cash	
	Property Account I		it E	<u>xecutive</u>	Sales Office	
	KXRA-AM	Rolf Pe	ppl	е	Alexandria	
	Special Handling					
	<u>Demographic</u>					
	Households					
	Agy Code	y Code Advertiser		Code	Product 1/2	
	Agency Ref		Advertiser Ref			
			- 1			

*Line Ch Start	Date End D	ate Description	on	Start/End Time	Days	Spots/ Length Week	Rate	TypeS	Spots	Amount
N 1 KXRAA10/13/ <u>Start Date</u> Week: 10/10/22 Week: 10/17/22 Week: 10/24/22 Week: 10/31/22	22 10/31/2 <u>End Date</u> 10/16/22 10/23/22 10/30/22 11/06/22	22 6:00 AM-9 <u>Weekdays</u> 22 22222 22222 2	:00 AM Spots/Week 4 10 10 2	6:00 AM-9:00 AM <u>Rate</u> \$18.00 \$18.00 \$18.00		:30		MM	26	\$468.00
					Totals				26	\$468.00

Time Period	# of Spots	Gross Amount	Net Amount		
10/01/22 -10/31/22	26	\$468.00	\$468.00		
Totals	26	\$468.00	\$468.00		

Signature:	Date:	

(\* Line Transactions: N = New, E = Edited, D = Deleted)

This station does not discriminate in the sale of advertising time, and will not accept advertising which is placed with an intent to discriminate on the basis of race or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract with a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, national origin, or ancestry of the stations' audience. 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.