



J.L. Farmakis, Inc.

7 Plum Ridge
Windsor, CT 06095

PH: 860-678-0227

STANDARD BROADCAST ORDER FORM

DATE: 10/21/20

STATION: KDKD-AM

COMPANY: _____

PRODUCT: PCMA

COMMERCIAL LENGTH: 30's ___ 60's XX Other, Specify _____

Times Per Day _____ Time(s) of Day: ag programming 6AM-3PM, M-F

Times Per Week _____

Number of Weeks _____

Total # of Spots 60

SPECIAL INSTRUCTION

Start: 10/22/20 End: 11/3/20

1) PLEASE SEND ALL BILLS AND AFFIDAVITS TO: **Patti Richardson**
Patti@jlfarmakis.com

2) PLEASE SIGN AND RETURN COPY OF THIS FORM TO FAX #860-678-0227

3) Standard Broadcast Calendar – Final Sunday Billing

4) Times affidavits required.

5) Please specify on invoice: PCMA Oct 2020

6)

Any questions, please call Patti Richardson; 860-678-0227, or email to Patti@JLFarmakis.com

<u>Spot Rate</u>	<u>Total Contract Cost</u>
\$ 15.00	\$ 900.00

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, Dudley Media, hereby request station time as follows: See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

Check one:

- Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level.
- Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Station time requested by:

Agency name: Dudley Media

Address: 919 Catharine Street, Philadelphia PA 19147

Contact: Bob Dudley Phone number: 215-923-8812 Email: BDudley1@aol.com

Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):

Name: Preserve Middle Class America

Address: 4501 Emanuel Cleaver II Blvd., Kansas City, MO 64130

Contact: Billy Thompson Phone number: _____ Email: _____

Station is authorized to announce the time as paid for by such person or entity.

List ALL of the chief executive officers or members of the executive committee or board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.):

Billy Thompson, Treasurer

By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s).

If ad refers to a federal candidate(s) or federal election, list ALL of the following:

N/A

Name(s) of every candidate referred to:

Office(s) sought by such candidate(s) (no acronyms or abbreviations):

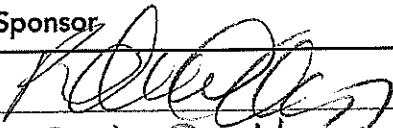
Date of election: 11-03-20

Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary:

N/A

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor	Station Representative
Signature: 	Signature:
Name: Bob Dudley	Name:
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received: _____

Note: Must have separate PB-19 forms (or the equivalent, e.g., addendums) for each version of the ad (i.e., for every ad with differing copy).

If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.

Disposition:

- Accepted
- Accepted IN PART (e.g., ad not received to determine content)*
- Rejected – provide reason (optional):

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any:

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

For national issue ads only (not required for state/local issue ads):

Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.

Confirmation

Contract # 1641
 Date Entered 10/22/20
 Sales Person Clayton Radford
 Sales % 0.00
 Agency % 15.00
 Billing Cycle Broadcast
 Revenue Source Local Agency Political
 Revenue Type Cash
 Conflict 1 Political
 Product PMCA Oct 2020
 Estimate # 10/22-11/3
 P.O. # Ag
 Contract 10/23/20 - 11/03/20

JLF
 C/O JLF %
 24 EAST AVE 1350
 NEW CANAAN CT 06840

Station	Date/Time	Schedule	Len	P	Avail Type	Rate	Qty	Total
1	KDKD-AM 6:00a-3:00p	10/19/20-10/23/20 0,0,0,0,7,0,0	00:30	3	Commercial	15.00	7	105.00
1	KDKD-AM 6:00a-3:00p	10/26/20-10/30/20 7,7,8,8,8,0,0	00:30	3	Commercial	15.00	38	570.00
1	KDKD-AM 6:00a-3:00p	11/02/20-11/03/20 7,8,0,0,0,0,0	00:30	3	Commercial	15.00	15	225.00
Subtotal								900.00
Agency Commission								135.00
Total								765.00

Rotation	Station	Date/Time	Days
30	KDKD-AM	10/23/20-11/03/20	MTWThFSSu
PMCA Oct 2020		0501	10/23/20-11/03/20 OK Next

Projected Billing	Count	Gross	Net
October	2020	7	105.00
November	2020	53	795.00
		60	900.00
			765.00

Customer _____ Sales Person _____

23721



24 East Avenue, Box 1350
New Canaan, CT 06840

Wells Fargo Bank, N.A.

51-110/211

10/22/2020

\$ **900.00

PAY TO THE ORDER OF **KDKD**

Nine Hundred and 00/100

DOLLARS

KDKD
PO Box 448
Clinton, MO 64735



AUTHORIZED SIGNATURE

MEMO

⑈00023721⑈ ⑆021101108⑆ 2000014509294⑈

J.L. Farmakis, Inc.

Date 10/21/2020
Type Bill
Reference PCMA

Original Amt.
900.00

Balance Due
900.00

10/22/2020
Discount
Check Amount

23721
Payment
900.00
900.00

State Farm Radio Net

900.00