CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges, hereby request station time as follows:								
IDENTIFY CANDIDATE TYPE	RAL CANDIDATE E OR LOCAL CANDIDATE								
ALL OUESTIONS/BLOCK	S MUST BE COMPLETED								
Keith Kadha									
Candidate name: Keith Raches Authorized committee: I Support Keith Raches									
Agency requesting time (and contact information):									
N/A									
Candidate's political party: Republican									
Office sought (no acronyms or abbreviations): Woodbury County Au Date of election:	ditor								
Date of election: 6 4 24	General								
Treasurer of candidate's authorized committee:	b Bossman								
The undersigned represents that:									
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):								
the candidate listed above who is a legally qualified car									
the authorized committee of the legally qualified candi									
(2) this station is authorized to announce the time as paid for b									
(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: All Charles								
Name: Keith Radia	Name: Kelli Erickson								
Date of Request to Purchase Ad Time: 5 16 24	Date of Station Agreement to Sell Time: 5/16/24								

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:											
TC	BE COMPLETED BY STATION O	NLY									
Ad submitted to Station?	s No Date ad received:	5 9 24									
Note: Must have separate PB-19 For	ms for each version of the ad (i.e., for	every ad with differing copy).									
Federal candidate certification signed (al	pove): 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: KSCJ-KSUY-KKWA-KKYY	Date Received/Requested: 5 16 24									
Est. #:	Station Location:	Run Start and End Dates:									
use this space to document schedule of to purchased or attach separately. If station	raffic system print-out) or other documents time purchased, when spots actually aired, will not upload the actual times spots aired t information immediately should be placed	the rates charged and the classes of time d until an invoice is generated, the name									

	NTR		CAS	SH	XXX]		TRAD	E _		i	NEW			
KSO	on [XX	X KSI	JX] k	KMA] k	KLEM] k	QNU]	KKYY	
Client:	KEITI	H RADIG	FOR			Lo	cal Dir	ect	XXX	1		Da	у	Date	
O.I.O.I.I.	WOODBURY COUNTY AUDITOR				Ag	gency			1	Start MO		N 5/20/24			
Address:						-	ep Age	ncy		1	End TUE			6/4/24	
		City, IA 51				-	olitical		XXX						
										Calen	dar Bil	XXX	CIA	4	
			E	st#			SBM Billing			Confi	Confirm XXX				
Contact:	Keith							Contr	act#						
Phone #:		98-3084				Or	d#			Packa	age:				
Coop:		Coop/Produ	ct Name:							Ca	rt #:		2711		
ISCI Cod	— ' e:					Conf	lict Des	scriptic	n:	POL	ITICA	L/LOC	DCAL/AUDITOR		
Spot	Spot		T									Spts/	Total		
Rate	Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week		Total \$	
\$11.90	30	6A-10A		5/22	3	3	3					9	9	\$107.10	
\$11.90	30	10A-3P	_	5/22	3	3	3					9	9	\$107.10	
\$11.05	30	6A-7P	5/23	5/24				8	8			16	16	\$176.80	
\$11.05	30	6A-7P	5/27	5/31	8	8	8	8	8			40	40	\$442.00	
\$11.05	30	6A-7P	6/3	6/3	8							8	8	\$88.40	
\$11.90	30	6A-10A	6/4	6/4		3						3	3	\$35.70	
\$11.90	30	10A-3P	6/4	6/4		1						1	1	\$11.90	
•															
Remark	s for I	nvoice:								T	Total Spots:			86	
T Comman												oss:			
											Total Net:			\$969.00	
	Jan			Feb					Mar		T		Apr		
Gross:			Gross:				Gross	s:			G	ross:			
Net:			Net:				Net:				1	Vet:			
	May			Jun			_	$\overline{}$	Jul		+-		Aug		
Gross:			Gross:	•	400.00	、 ∦	Gross	_			_	ross:			
Net:	\$8 Sep	33.00	Net:	Oct	136.00	,	Net:		Vov		 	Vet:	Dec		
Gross:	Sep		Gross:	- 001			Gross		101		G	ross:	9		
Net:		Ì	Net:			ŀ	Net:	\rightarrow				let:		00//	
	p:			۹L			Date: 5/16/24					Mgr:			
		AE:										-			
michial N	J.J.J 101	. 100													

	NTR		CAS	SH	XXX]		TRAD	E		!	NEW			
KSC	IJ [_	KSU	JX XXX] k	KMA] k	LEM] k	(QNU] k	KKYY	
Client:	KEIT	H RADIG	FOR			Lo	cal Dir	ect	XXX]		Da	у	Date	
G.//G//		DBURY C	Ag	gency			Start SA			Т	6/1/24				
Address:						Re	ep Agei	ncy		End MON			N	6/3/24	
7.00.000		City, IA 51	-	olitical		XXX									
										Calen	dar Bil	XXX	CIA	A .	
										SBM Billing			Confirm XXX		
Contact:	Miche	lle Skaff								Contr	act#				
Phone #:						Oı	rd#			Packa	age:				
Coop:	\neg	Coop/Produ	ct Name:							Ca	rt #:		2719		
ISCI Cod	e:					Conf	flict Des	scriptic	on:	POL	ITICA	L/LOC	/LOCAL/AUDITOR		
Spot	Spot											Spts/	Total		
Rate	Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week	Line	Total \$	
\$8.50	30	SA 6A-7	O 6/1	6/1						6		6	6	\$51.00	
\$8.50	30	SU 6A-71	o 6/2	6/2							6	6	6	\$51.00	
\$12.75	30	M 6A-7F	6/3	6/3	8							8	8	\$102.00	
Remark	s for	Invoice:								Total Spots:			20		
										Total Gross:					
											Total N	let:	et: \$204.00		
	Jan			Feb					Mar				Apr		
Gross:			Gross:				Gross	_			-	ross:			
Net:			Net:				Net:		f. al			Net:	Λ.,~		
0	May		Cross	Jun	_		Gross		Jul		G	ross:	Aug		
Gross:			Gross: Net:	Ф	204.00	,	Net:	_				Net:			
Net:	Sep		ivet.	Oct		,	1101.		Vov				Dec		
Gross:	200		Gross:				Gross	3:			G	ross:	1		
Net:			Net:			1	Net:				1	Vet:	,	A	
	p:		POLITIC	٩L			Date	:	5/1	6/24		Mgr:	_	W	
Internal N	otes for	AE:													

	NTR		CAS	Н	XXX]		TRAD	E		ı	NEW				
KSC	n 🗀	KSU	JX 🗀] K	KMA	XXX	.] k	KLEM] k	QNU] K	KYY		
Client:	KEIT	H RADIG	FOR			Lo	cal Dir	ect	XXX	1		Day	У	Date		
- Circuit		DBURY C		AUD	ITOR	Ag	gency			1	Start	WE	D 5/15/24			
Address:			Re	ep Age	ncy		1	End FRI 5/17			5/17/24					
7.00.700		City, IA 51	1102			Po	olitical		XXX							
						-				Calendar Bill XXX			CIA			
						E	st#			SBM Billing			Confir	m XXX		
Contact:	Miche	lle Skaff				_				Contract #						
Phone #:						Oı	rd#			Packa	age:					
Coop:		Coop/Produ	ct Name:							Ca	rt #:		2711			
ISCI Cod	e:					Conf	flict Des	scriptic	on:	POL	ITICA	L/LOC	LOCAL/AUDITOR			
Spot	Spot											Spts/	Total			
Rate	Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week	Line	Total \$		
\$9.35	30	6A-7P	5/27	5/28	5	5						10	10	\$93.50		
\$9.35	30	6A-7P	5/29	5/31			8	8	8			24	24	\$224.40		
\$7.65	30	6A-7P	6/1	6/2						6	6	12	12	\$91.80		
\$9.35	30	6A-7P	6/3	6/3	8							8	8	\$74.80		
Remark	s for l	Invoice:								Total Spots:			54			
											Total Gross:					
										Total Net:			\$4	184.50		
	Jan			Feb					Mar				Apr			
Gross:			Gross:				Gross	_				ross:				
Net:			Net:				Net:		Jul		1	Net:	Aug			
	May		Cross	Jun			Gross		Jui		G	ross:	Aug			
Gross:	¢ο	17.90	Gross: Net:	\$	166.60	,	Net:	_				let:				
Net:	Sep	11.30	1461.	Oct			, 101.		Vov				Dec			
Gross:			Gross:				Gross	3:			G	ross:	1			
Net:			Net:				Net:				1	let:		A		
Sales Re	p:		POLITICA	٩L			Date	:	5/1	6/24		Mgr:		VU_		
Internal N	otes for	AE:														

	NTR		CAS	SH	XXX]		TRAD	E [ı	NEW	X	XX	
KS	CJ	KSI	JX] k	KMA] K	KLEM] k	QNU] k	KYY XXX	
Client:	KEITH	H RADIG	FOR				ocal Dir	ect	XXX	1		Day	y T	Date	
Oliciti.		DBURY (gency				Start W							
Address:		x 1502	1 -	ep Age	ncy		1	End	FR		5/17/24				
Addicoo.		City, IA 5	1102			1 -	olitical		XXX						
	Gloux	O.(y)				-				Calen	dar Bil	XXX	CIA	4	
						E	st#			SBM Billing			Confi	rm XXX	
Contact:	Michel	le Skaff				-				Contract #					
Phone #:	-0					0	rd#			Packa	age:				
Coop:		Coop/Produ	ct Name:							Ca	rt #:]	27	'11	
		300p/1 10dd	ot Hamo.									1/100	CAL/AUDITOR		
ISCI Cod	e:					Con	flict Des	scriptio	n:	POL	HICA	L/LOC	AL/AU	JUITOR	
Spot	Spot											Spts/	Total		
Rate	Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week	Line	Total \$	
\$7.65	30	6A-7P	5/27	5/28	5	5						10	10	\$76.50	
\$7.65	30	6A-7P	5/29	5/31			8	8	8			24	24	\$183.60	
\$5.95	30	6A-7P	6/1	6/2						6	6	12	12	\$71.40	
\$7.65	30	6A-7P	6/3	6/3	8							8	8	\$61.20	
Remark	s for l	nvoice:								Total Spots:			54		
										Total Gross:					
										Total Net:			\$392.70		
	Jan			Feb				N	<i>l</i> ar				Apr		
Gross:			Gross:				Gross	S:				ross:			
Net:			Net:				Net:				1	Net:	Α		
	May			Jun			C		Jul			roos:	Aug		
Gross:	# C	40.00	Gross:	en .	122 60	,	Gross Net:	_			_	ross: Net:			
Net:	Sep	49.90	Net:	Oct	132.60	<u> </u>	ivet.		lov			101.	Dec		
Gross:	Jop		Gross:				Gross				Gı	ross:	1		
Net:			Net:				Net:				1	let:	^	100	
Sales Re	p:		POLITIC	AL			Date	:	5/1	6/24		Mgr:		W	
Internal N														\	