## ORDER INFORMATION FOR POLITICAL CANDIDATE ADVERTISING

| STATION<br>KMHT   |          | LOCATION:<br>MARSHALL, TEXAS                                |            | DATE:                          |   |  |  |  |  |
|---|----------|---|------------|--------------------------------|---|--|--|--|--|
| 1, Debora Hatfi   | eld      |   |            | _                              |   |  |  |  |  |
| [Check one:]  | ,        | legally qualified candidate he authorized representative of |            |                                |   |  |  |  |  |
| [Check one:]  | ), S1    | ederal<br>tate<br>ocal                                      |            |                                |   |  |  |  |  |
| elective office of Harri  | son C    |   |            | hypoghydralaeth gallaeth       |   |  |  |  |  |
| (indicate office sought), associated with the Republican political party in the   |          |   |            |                                |   |  |  |  |  |
| [Check one:]  | р<br>) р | arty primary<br>arty runoff<br>eneral                       |            |                                |   |  |  |  |  |
| election to be held on March 1, 2019, hereby request to purchase advertising time on the station for use in connection with that campaign in accordance with the scheduling reattached hereto.  |          |   |            |                                |   |  |  |  |  |
| Payment for this advertising will be made by the following candidate or authorized committee of the candidate:  |          |   |            |                                |   |  |  |  |  |
| Name of Payor:  |          | Name of Treasurer, if paid by Comr                          | nittee     | Address:                       |   |  |  |  |  |
| Debra Hatfield  |          |   |            | POBOK 159<br>Marshall Tx 75671 |   |  |  |  |  |
| Station may rely upon the representations herein. All advertising purchased pursuant to this order will contain sponsorship identification consistent with all laws, and the station is hereby authorized to edit any advertising that does not include the appropriate sponsorship identification. |          |   |            |                                |   |  |  |  |  |
| This station does not discriminate or permit discrimination on the basis of race or ethnicity in the placement of advertising.  |          |   |            |                                |   |  |  |  |  |
| I am aware that a copy of this Order Form will be placed in the station's political file for public inspection.   |          |   |            |                                |   |  |  |  |  |
| Date: 1/18/2022 Signature: Candidate or Authorized Committee Representative   |          |   |            |                                |   |  |  |  |  |
| Accepted  |          | Accepted in part (Confirmation                              | n Attached | Rejected                       | b |  |  |  |  |
| Date: 1/18/22   |          | Signature:  | thorized S | Station Representative         |   |  |  |  |  |

## Political Candidate Advertising Request

## Schedule of Requested Advertising (To be completed by Candidate)

| Time Period or<br>Program in<br>Which Spots<br>Will Run | Length of<br>Spots | Date(s) in<br>Which spots<br>will run | Class of Spot | Number of<br>Spots Per Day | Rate Per Spot                                 | Total Spots to<br>be Aired |
|---|--------------------|---------------------------------------|---------------|----------------------------|---|----------------------------|
| Political<br>Calendar                                   | 3:00               | 2/14/22                               | Politica)     | 5                          | Included<br>in Political<br>Calendar<br>Cost. | 5                          |
|   |                    |                                       |               |                            |   |                            |
|   |                    |                                       |               |                            |   |                            |

Please initial document if in agreement with above advertising information. \_

QH.

NOTE: Use Separate Lines or Sheets for Each Different Class of Time Purchased by a Candidate.

## **AFTER AIRING OF SPOTS**

Attach invoice(s) or Schedule Run Summary to this form showing:

- 1) Air time and charge(s) for each spot
- 2) The date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- 3) The amount of rebates given (identify exact date, time, class of spot and dollar amount for each rebate), if any.