

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, Kathy Rice, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Kathy Rice

Authorized committee:

Agency requesting time (and contact information):

N/A

Candidate's political party: Rep.

Office sought (no acronyms or abbreviations):  
House district 29

Date of election: June 4th

General

Primary

Treasurer of candidate's authorized committee:  
Kathy Rice

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.**

Candidate/Committee/Agency	Station Representative
Signature:	Signature:
Name: <u>Kathy Rice</u>	Name: <u>Mike Fell</u>
Date of Request to Purchase Ad Time: <u>5/17/24</u>	Date of Station Agreement to Sell Time: <u>5-17-24</u>

**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:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: \_\_\_\_\_

**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 (above):  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: <i>KOTA-AM</i>	Date Received/Requested: <i>5-17-24</i>
Est. #:	Station Location: <i>Rapid City</i>	Run Start and End Dates: <i>5/23 - 6/4 2024</i>

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.

# BROADCAST ORDER

Contract # VT \_\_\_\_\_ New Order  Add  Revise   
 Contract # NL9 \_\_\_\_\_

Cust/ Adv Name: Kathy Rice For SD House New Client

Billing Address: 3712 Canyon Lakes Drive  
 Rapid City, SD 57702

Type of Business: political  
 Contact: Kathy Rice

IF AGENCY: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Agency Discount? Yes  No   
 Est No. \_\_\_\_\_ Prod Code \_\_\_\_\_ Client Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Any Special Needs or Instructions?  
 Payment Coming Tuesday Night

Local  National  Political   
 Alternating Weeks  Streaming  Trade

Co-op Billing? Yes  No  If Yes, Co-op Description: \_\_\_\_\_

Station	Live	Cart	Length	Start Date	End Date	Start Time	End Time	Rate	M	TU	W	TH	F	S	S	Total #	Total \$
1																0	\$80.00
2																0	\$0.00
3																0	\$0.00
4																0	\$0.00
5																0	\$0.00
6			:30	5/23/2024	5/24/2024	6a	7p	10.00					3	3		6	\$60.00
7			:30	5/28/2024	5/31/2024	6a	7p	10.00					3	3		12	\$120.00
8			:30	6/1/2024	6/2/2024	6a	7p	8.00							3	6	\$48.00
9			:30	6/3/2024	6/4/2024	6a	7p	10.00	4	4					8	\$80.00	
10																0	\$0.00
11																0	\$0.00
12																0	\$0.00
13																0	\$0.00
14																0	\$0.00

Rev 12/19  
 SPOTS: 32  
 STREAMING: \$ 388.00  
 AGCY DSC1 15%  
 NET REVENUE \$ 388.00

Description	\$ per Month	# Mos	SPOTS	GROSS REVENUE	AGCY DSC1 15%	NET REVENUE
NONSPOT:						
NONSPOT:						
TOTALS			32	\$ 388.00	\$ -	\$ 388.00

TRAFFIC USE ONLY  
 CONFIRM SENT  
 Y N