CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.
Tim Goodhila	, hereby request station time as follows:
",	, ficrosy request station time as renews.
FEDE	RAL CANDIDATE
IDENTIFY CANDIDATE TYPE STATE	E OR LOCAL CANDIDATE
-	
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED
Candidate name: Goodwi Authorized committee: Goodwin Fox	
Authorized committee:	n 1/
GODDUN TO L	an recommend fricken Graden and conservation and the second and th
Agency requesting time (and contact information):	
N/A	
Candidate's political party:	
Office sought (no acronyms or abbreviations):	~/
Representative	State House General Primary
Date of election:	General Primary
Treasurer of candidate's authorized committee:	
I, in course!	
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	ndidate, or
the authorized committee of the legally qualified candi	date listed above;
(2) this station is authorized to announce the time as paid for b	y such person or entity; and
(3) this station has disclosed its political advertising policies, inc	
and other sales practices (not applicable to federal candida	tes).
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature: Hendu-	Signature:
Name: Tim Goodwin	Name: Mike Fell
Date of Request to Purchase Ad Time: 4 1/2 7 4	Date of Station Agreement to Sell Time:

to an opposing candidate or, if it does, (2) for a duration of at least four seconds and the candidate approved the broadcast ap	broadcast matter to be aired pursuant to to contains a clearly identifiable photograph is a simultaneously displayed printed statem of the candidate and/or the candidate ins a personal audio statement by the candidate has approved the broadcast.	or similar image of the candidate nent identifying the candidate, that 's authorized committee paid for the
Candidate/Authorized Committee/A	Agency	
Signature:		
Name:		
Date:		
ТО	BE COMPLETED BY STATION ON	
Ad submitted to Station? Yes	No Date ad received:	4-12-24
Note: Must have separate PB-19 Form	ns for each version of the ad (i.e., for e	very ad with differing copy).
Federal candidate certification signed (ab	oove): Yes No	N/A
Disposition: Accepted 4//2 Accepted IN PART (e.g., ad copy Rejected – provide reason:	not yet received to determine sponsor ID)	*
*Upload partially accepted form, then pro	omptly upload updated final form when co	mplete.
Date and nature of follow-ups, if any (e.g.	, insufficient sponsor ID tag):	
Contract #:	Station Call Letters: XOTA — AM	Date Received/Requested:
Est. #:	Station Location: Rapid CI-Cy	Run, Start and End Dates:
use this space to document schedule of ti purchased or attach separately. If station	affic system print-out) or other documents in ime purchased, when spots actually aired, t will not upload the actual times spots aired information immediately should be placed	the rates charged and the classes of time I until an invoice is generated, the name
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CONFIRM SENT									Alternating Weeks	Alterr			ary 2024	Republican Primary 2024	Rep			
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TRAFFIC				L	×	Fax				Phone			im Goodwin	 			Contact:	င္ပ
	TO	Client Code	Clier			de	Prod Code	 -		Est No.				political		***************************************	Type of Business	Тур
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	ER	BROADCAST ORDER	$\overline{\mathrm{ST}}$	CA	AL	BRO			_	Mike Fell	on	Salesperson	4/12/2024	Date Submitted	Date St	4/15/2024	First Air Date	First
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PROD



ORDER



	□ KDDX [KZZ	21		□ KZLK	☑ KQRQ		KOTA	L L	KDSJ
	SCHEDULE DATE:				See Below	SCI	HEDULE END	DATE:	6	/4/24
CLIENT:	Tim Goodwin For S	D Hou	ıse			A/E:		Mike	Fell	
LENGTH:	:60	•			□ REMOTE		REMOTE P	ROMO (30))	
TRADE:	☐ YES			•						
COOP:	☐ YES				COOP/COPY NAT	ИЕ:				
SPONSORSHIP:	□ WX (15 SEC)	□ NE	WS	□s	PORTS □MORNIN	IG E	OTHER:			
STREAM:	□ YES									
SCRIPT ATTACH	IED**:	V	YES	(**)	Script required 24 ho	ours to star	t date and tin	ne)		
MUSIC:	☑ YES ☐ NO			GEN	IRE/TEMPO REQUE	ST:	pati	riotic instru	mental	
NEEDS APPROV	/AL: □ NO	☑ Y	'ES	TO:	Please Choose One		BY DATE:		April 12	th
SEND AD TO:	mike.fell@rapidcity	/.fm			Production Fro	om: Mike	Fell E-Mail	Talent:	Tim God	odwin & Mike
AD	NAME(S)	NEW	ADD	ATT	ISCI CODE	%	LENGTH	RUN D	ATES	PROD USE
Prope	erty Tax Plan	Ø	V	V		100	:60	4/15	6/4	
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NL

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☐ CHANGE COPY

SKYLA

☐ SEND (KDDX or KZZI)

□ LOAD