

# Radio Advertising Agreement

P.O Box 597

Grand Rapids, Minnesota 55744

Phone: 218-999-5699 Fax: 218-999-5609



Advertiser: Eichorn for Senate	Date: 9/28/20	Sales Rep: Jim
Agency Name:	Attention: Will Waggoner	
Billing Address: P.O Box 758	Phone:	
City/State/Zip: Grand Rapids, MN 55744	Co-op: YES	

## RADIO ADVERTISING SCHEDULE FOR: KMFY 96.9 FM

Order Type: NEW	Spots Remaining	
Start: 9/28/20	End: 11/2/20	Length: 30
		Account # 571
<b>No. Per Day</b>	<b>Broadcast Schedule</b>	<b>72 @ \$ 12.00 \$ 864.00</b>
Mon. 2/2/2/2/2/2		@ \$ Bonus \$ No Charge
Tues. 2/2/2/2/2/2		@ \$ \$
Wed. 2/2/2/2/2		@ \$ Bonus \$ No Charge
Thurs. 2/2/2/2/2 All Primes		\$
Fri. 2/2/2/2/2		Other
Sat. 2/2/2/2/2		
Sun. 2/2/2/2/2		
		<b>Total: \$864.00</b>

## RADIO ADVERTISING SCHEDULE FOR:

Order Type:	Spots Remaining	
Start:	End:	Length:
		Account #
<b>No. Per Day</b>	<b>Broadcast Schedule</b>	@ \$ \$
Mon. _____		@ \$ Bonus \$ No Charge
Tues. _____		@ \$ \$
Wed. _____		@ \$ Bonus \$ No Charge
Thurs. _____		\$
Fri. _____		Other
Sat. _____		
Sun. _____		
		<b>Total: \$</b>

**Order # 6303**

- Invoices are due and payable by the 10<sup>th</sup> of the following month.
- A charge of 1.5% per month will be charged on all overdue bills.
- Rate Protection 90 days from date of contract unless otherwise specified in this order.
- Advertisers without established credit and potential advertising payable in advance.

Lamke Broadcasting, Inc and the radio stations  
 KOZY/ KMFY and J105 do not and shall not  
 discriminate, in any way, based on race  
 or gender, respecting their advertising practices.

**Total Billing: \$ 864.00**

Accepted by Advertiser:

Date:  
9/28/20

Accepted and Serviced for Station by:  
Jim Lamke

# Radio Advertising Agreement

P.O Box 597

Grand Rapids, Minnesota 55744

Phone: 218-999-5699 Fax: 218-999-5609



Advertiser: Eichorn for Senate	Date: 9/28/20	Sales Rep: Jim
Agency Name:	Attention: Will Waggoner	
Billing Address: P.O Box 758	Phone:	
City/State/Zip: Grand Rapids, MN 55744	Co-op: YES	

## RADIO ADVERTISING SCHEDULE FOR: KMFY 96.9 FM

Order Type: NEW	Spots Remaining	
Start: 9/28/20	End: 11/2/20	Length: 15
		Account # 571
<b>No. Per Day</b>	<b>Broadcast Schedule</b>	144 @ \$ 10.00 \$ 1440.00
Mon. 4/4/4/4/4/4		@ \$ Bonus \$ No Charge
Tues. 4/4/4/4/4/4		@ \$ \$
Wed. 4/4/4/4/4		@ \$ Bonus \$ No Charge
Thurs. 4/4/4/4/4 All Primes		\$
Fri. 4/4/4/4/4		Other
Sat. 4/4/4/4/4		
Sun. 4/4/4/4/4		
		<b>Total: \$1440.00</b>

## RADIO ADVERTISING SCHEDULE FOR:

Order Type:	Spots Remaining	
Start:	End:	Length:
		Account #
<b>No. Per Day</b>	<b>Broadcast Schedule</b>	@ \$ \$
Mon. _____		@ \$ Bonus \$ No Charge
Tues. _____		@ \$ \$
Wed. _____		@ \$ Bonus \$ No Charge
Thurs. _____		\$
Fri. _____		Other
Sat. _____		
Sun. _____		
		<b>Total: \$</b>

Order # 6304

- Invoices are due and payable by the 10<sup>th</sup> of the following month.
- A charge of 1.5% per month will be charged on all overdue bills.
- Rate Protection 90 days from date of contract unless otherwise specified in this order.
- Advertisers without established credit and potential advertising payable in advance.

Lamke Broadcasting, Inc and the radio stations KOZY/ KMFY/ and J105 do not and shall not discriminate, in any way, based on race or gender, respecting their advertising practices.

**Total Billing: \$ 1440.00**

Accepted by Advertiser:

Date: 9/28/20

Accepted and Serviced for Station by: Jim Lamke



### CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Will Waggoner, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

#### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Justin Eichorn

Authorized committee:

Eichorn for Senate

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

State Senator District 5

Date of election:

Nov 3rd 2020

General

Primary

Treasurer of candidate's authorized committee:

Will Waggoner Paul Ritter

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:

Justin Eichorn

Name:

Jim Lanke

Date of Request to Purchase Ad Time: 9/28/2020

Date of Station Agreement to Sell Time: 9/28/2020

**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: 9/28/2020

**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>KMFY</i>	Date Received/Requested: <i>9/28/2020</i>
Est. #:	Station Location: <i>GRAND RAPIDS</i>	Run Start and End Dates: <i>9/28 - 11/2</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.