## Radio Advertising Agreement

P.O Box 597

Grand Rapids, Minnesota 55744 Phone: 218-999-5699 Fax: 218-999-5609



				Grand Ra	pids, Mil	
Advertiser: Spencer Igo Campaign Committee			Date: (	9/21/2020	Sales Rep: Jim	
Agency Name:			Attentio	Attention: Spencer		
Billing Address: Po Box 634			Phone:			
City/State/Zip: Grand Rapids, Mn 55744			Co-op: YES			
RADIO ADVE	RTISING SCH	EDULE FO	R: KMFY 9	6.9 FM <b>▼</b>		
Order Type: NEW	<b>V</b>			Spots Remaining		
Start: 9/23/2020	End: 10/15/2020	Length: 60		Account # new		
Mon. 6	<u>Broa</u> 7a 1-7a-8a, 1-8a-9a 1-11:	adcast Schedule	138	@ \$ <mark></mark>	\$ 2070.00 \$ No Charge	
	p-5p, 1-5p-6p	30-12.30		@ \$ @ \$_Bonus	\$ \$_No Charge	
Thurs.6	p op, 1 op op	-			\$	
Fri. 6			(	Other		
Sat. 6				Tot	al: \$ 2070.00	
Sun. 6				100	ai. 9 <u>2070.00</u>	
RADIO ADVE Order Type:	RTISING SCH	EDULE FO	R:	Snots Pompining		
Start:	End:	Length: 30		Spots Remaining  Account #		
No. Per Day	The state of the s	adcast Schedule		@ \$	Ś	
Mon.	<u> </u>	addot buildane		@\$ Bonus	\$ No Charge	
Tues.				@ \$	\$	
Wed.				@ \$ <u>Bonus</u>	\$ No Charge	
Thurs.				Other	\$	
Fri.				Juliei		
Sat.				Tot	al: \$	
Sun.						
Order#						
<ol> <li>A charge of 1.5% per month v</li> <li>Rate Protection 90 days from</li> </ol>	by the 10 <sup>th</sup> of the following month. vill be charged on all overdue bills. date of contract unless otherwise specifie ed credit and potential advertising payable		KOZY/ KMFY/ and Ji discriminate, in any	, Inc and the radio stations 105 do not and shall not way, based on race ng their advertising practices.  Total Billin:	g: \$ 2070.00	

Date:

Accepted by Advertiser:

Accepted and Serviced for Station by: JIM Lamke

## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See <b>Order</b> for proposed schedule and charges. See <b>Invoice</b> for actual schedule and charges.						
, Spencer Igo	, hereby request station time as follows:					
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE  STATE OR LOCAL CANDIDATE						
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED					
Candidate name:						
Spencer Igo						
Authorized committee:						
Spencer Igo campaign Committee						
Agency requesting time (and contact information):						
N/A						
Candidate's political party:						
Republican						
Office sought (no acronyms or abbreviations):						
House of Representatives District 5B						
Date of election: 11/3/2020	✓ General Primary					
Treasurer of candidate's authorized committee:						
Spencer Igo						
The undersigned represents that:						
(1) the payment for the broadcast time requested has been furn	nished 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.						
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: Spencer Igo	Name: Jim Lamke					
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:					

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/	Candidate/Authorized Committee/Agency					
Signature:						
Name:						
Date:						
TO BE COMPLETED BY STATION ONLY						
Ad submitted to Station? Yes No						
Date ad received: 10/22/2020						
Federal candidate certification signed (above):  Yes  No  N/A						
Accepted	Disposition:					
Accepted  Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*						
Rejected – provide reason (optional):						
Parallel medical and a second control of the contro						
*Upload partially accepted form, then promptly upload updated final form when complete.						
Date and nature of follow-ups, if any (e.g.	Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):					
	,					
Contract #:	Station Call Letters:	Date Reçeived/Requested:				
	· · · · · · · · · · · · · · · · · · ·	Date Received/Requested: 9/21/2020				
Est. #:	Station Location: GRAP 105	Run Start and End Dates:				
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.						