

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Rachel Dix, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Rachel Dix

Authorized committee:

Rachel Dix for South Dakota

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

State Senate

Date of election:

June 7, 2022

General

Primary

Treasurer of candidate's authorized committee:

Jack Hieb

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:

Rachel Dix

Signature:

Kristan Morris

Name: Rachel Dix

Name: Kristan Morris

Date of Request to Purchase Ad Time: 4/11/22

Date of Station Agreement to Sell Time: 4/11/2022

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:

Rachel Dix

Name:

Rachel Dix

Date:

4/11/22

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

4-12-2022

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 #:

See Attached

Station Call Letters:

See Attached

Date Received/Requested:

See Attached

Est. #:

See Attached

Station Location:

See Attached

Run Start and End Dates:

See Attached

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.

Hub City Radio
 3304 S US HIGHWAY 281
 ABERDEEN, South Dakota 57401-8792
 Phone: (605) 229-3632
 Email: frontoffice@hubcityradio.com



Rachel Dix for South Dakota
 114 South Park Street
 Aberdeen, South Dakota 57401

Advertiser: Rachel Dix for South Dakota
 Order #: 3032246929968
 Date Entered: 04/12/2022
 Last Modified: 04/12/2022
 Product: KSDN AM Rachel Dix For South Dakota
 Salesperson: Kristan Morris
 Billing Cycle: Calendar Month
 Estimate #:

Order Date Range: 04/22/2022 through 06/07/2022 (7 weeks)
Media Outlets: KSDN-AM

On-Air Schedule

#	Dates	Station	Time/Program	Len	Mo	Tu	We	Th	Fr	Sa	Su	S/W	Rate	Qty	Total
1	04/22/22-05/31/22	KSDN-AM	06:00AM-07:00PM	30	--	3	--	--	3	--	--	6	7.25	36	261.00
2	04/22/22-05/31/22	KSDN-AM	06:00AM-12:00AM	30	--	3	--	--	3	--	--	6	5.30	36	190.80
3	06/03/22-06/06/22	KSDN-AM	06:00AM-07:00PM	30	4	--	--	--	4	4	4	16	7.25	16	116.00
4	06/03/22-06/06/22	KSDN-AM	06:00AM-12:00AM	30	4	--	--	--	4	4	4	16	5.30	16	84.80
5	06/07/22-06/07/22	KSDN-AM	06:00AM-06:30PM	30	--	8	--	--	--	--	--	8	7.25	8	58.00

Station Totals

Station	On-Air Count	Digital Count	Web Count	Other Count	Gross Billing	Net Billing
KSDN-AM	112	0	0	0	\$710.60	\$710.60
Totals	112	0	0	0	\$710.60	\$710.60

Total Charges: \$710.60
Total Net: \$710.60

Non-Discrimination. Prairie Winds Broadcasting does not discriminate on the basis of race or ethnicity in the sale, placement, or scheduling of advertising. Any order for advertising that includes any such restriction will not be accepted. Times are approximate within 8 minutes.

Projected Billing By Calendar Month

Month	Year	Gross Billing	Net Billing
April	2022	\$112.95	\$112.95
May	2022	\$338.85	\$338.85
June	2022	\$258.80	\$258.80
Totals		\$710.60	\$710.60

Accepted for Hub City Radio

Accepted for advertiser OR agency as agent for the advertiser

Name _____

Title _____

Name _____

Title _____