

Confirmation



KMMO-FM
 PO Box 128
 Marshall MO 65340
 660-886-7422

Order # 42384
 Date Entered 03/18/2021
 Sales Person
 Billing Cycle Calendar
 Conflict 1 Political
 Product POLITICAL
 Date Range 04/01/2021 - 04/06/2021
 CoOp No
 Comment POLITICAL

BOOKER FOR HEALTH DEPARTMENT

Station	Date Range	Time Range	Len	Schedule	Repeated	Comment	Rate	Qty	Total
1	KMMO-FM 04/01/2021-04/06/2021	08:00:00-09:00:00	00:30	1,1,0,1,1,1,0	All Weeks		12.00	5	60.00
2	KMMO-FM 04/01/2021-04/06/2021	09:00:00-10:00:00	00:30	1,1,0,1,1,1,0	All Weeks		12.00	5	60.00
3	KMMO-FM 04/01/2021-04/06/2021	11:00:00-12:00:00	00:30	1,1,0,1,1,1,0	All Weeks		12.00	5	60.00
4	KMMO-FM 04/01/2021-04/06/2021	13:00:00-14:00:00	00:30	1,1,0,1,1,1,0	All Weeks		12.00	5	60.00
5	KMMO-FM 04/01/2021-04/06/2021	16:00:00-17:00:00	00:30	1,1,0,1,1,1,0	All Weeks		12.00	5	60.00
6	KMMO-FM 04/01/2021-04/06/2021	17:00:00-18:00:00	00:30	1,1,0,1,1,1,0	All Weeks		12.00	5	60.00
Total									360.00

Projected Billing		Count	Gross	Total
April	2021	30	360.00	360.00
		30	360.00	360.00

Customer _____ Sales Person _____



Post Office Box 128 Highway 65 North
Marshall, Missouri 65340

Booker for Health Department

Customer Address No. 1 _____
 Customer Address No. 2 _____
 City _____ State _____ Zip _____
 Contact *David Booker*
 Agency _____ Code _____
 Phone No. _____

Order Number _____

Sale Rep _____

Date 3-17-21

<input type="checkbox"/> No Co-op	<input checked="" type="checkbox"/> Simulcast	Length
<input checked="" type="checkbox"/> YES Co-op	<input type="checkbox"/> AM Only	<input checked="" type="checkbox"/> 30 sec
<input type="checkbox"/> RAB Script	<input type="checkbox"/> FM Only	<input type="checkbox"/> 60 sec
Co-op for		<input type="checkbox"/> 15 sec
<i>Coop Co. Health Dept. Bldg</i>		File No.
Package Price <i>Trustee</i>		
Description		
<i>Political</i>		

SCHEDULING

	Start Date	Day	Time	A	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Cost	No	Total	End Date	Day
1	4/1/21	TH	8-9		1	1		1	1	1		12 ⁰⁰	5	60 ⁰⁰	4/6/21	T
2			9-10		1	1		1	1	1						
3			11-noon		1	1		1	1	1						
4			1-2		1	1		1	1	1						
5			4-5		1	1		1	1	1						
6			5-6		1	1		1	1	1						
7																
8																
9																
10																
11																
12																
13																
												Totals	30	360 ⁰⁰		

Special Instructions _____

[Signature]

Left to use: _____

This station does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, gender, national origin, or ancestry.

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, David Booker, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: David Booker

Authorized committee: Booker For Health Department

Agency requesting time (and contact information):

N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations):

Cooper County Health Department Board of Trustees

Date of election:

4-6-21

General

Primary

** Municipal Election*

Treasurer of candidate's authorized committee:

Terry Booker

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.

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:

[Handwritten Signature]

Signature:

[Handwritten Signature]

Name:

David Booker

Name:

Peter Hallaberg L

Date of Request to Purchase Ad Time:

3/17/21

Date of Station Agreement to Sell Time:

3/17/21

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: 3-17-21

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 (optional):

*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: KMMO	Date Received/Requested: 3-17-21
Est. #:	Station Location: Marshall MO	Run Start and End Dates: 4/1/21 - 4/6/21

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.