## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.		
1. Carda Da Park	, hereby request station time as follows:	
FEDERAL CANDIDATE		
IDENTIFY CANDIDATE TYPE	OR LOCAL CANDIDATE	
ALL QUESTIONS/BLOCKS MUST BE COMPLETED		
Candidate name:		
Diane Larson, Mike Nathe and Glenn Bosch		
Authorized committee:		
N/A		
Agency requesting time (and contact information):		
Candidate's political party: Cindy Dan edupante ofner com		
Candidate's political party:		
Republican		
Office sought (no acronyms or abbreviations):		
Diane Larson - ND Senate, Mike Nathe and Glen Bosch - ND House of Represenatives		
Date of election:	General Y Primary	
June 11th 2024		
Treasurer of candidate's authorized committee:		
Diane Larson, Mike Nathe, Glenn Bosch		
The undersigned represents that:		
(1) the payment for the broadcast time requested has been furnished by (check one box below):		
X 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: M. JAMAN	
Cate Later )		
Name:	Name: Tim Klunt	
Cindy Duland	-11/1	
Date of Request to Purchase Ad Time: 5/06/54	Date of Station Agreement to Sell Time: 5/8/34	

Federal Candidate Certification:			
The undersigned hereby certifies that	the broadcast matter to be aired pursuant t	o this disclosure either (1) door and and	
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			
The state of the s	ALICI & SITTUTIADOCUETO MENINORA MANALA LA -L-A		
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			
The state of the control of the state of the			
the office being sought and that the ca	andidate has approved the broadcast.		
Candidate/Authorized Committee/Agency			
Signature:			
Name:	**P\$ (Matter distribution primary ages - Househy praggraph distribution propagation and distribution and di		
Date:			
T	O BE COMPLETED BY STATION O	NLY	
Ad submitted to Station?			
	es Date ad received:		
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 (a	above): Yes No	N/A	
Disposition:			
Accepted			
Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*			
· ·			
Rejected – provide reason:			
*I Inland partially account of \$ at	1 1 1 10 10		
Opload partially accepted form, then p	romptly upload updated final form when co	omplete.	
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):			
Date and nature of follow-ups, if any (e.	3., insufficient sponsor ID tag):		
Contract #: KFYR H39323582			
Contract #: FPTF 71313383	Station Call Letters: 1 V 646	Date Received/Requested:	
Est. #: KSKS 2129323584	Station Location -	5/8/04	
	Station Location: BISMARK, ND	Run Start and End Dates: 5/20/24-6/11/24	
Upload order, this form and invoice (or to	raffic 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. It station	will not upload the actual times spots aired	until an invoice is generated, the name	
ot a contact person who can provide tha the OPIF.	t information immediately should be placed	d in the "Terms and Disclosures" folder in	
are of it.			