CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

1

L AxMedia

_, hereby request station time as follows:

Date of Station Agreement to Sell Time: 5/2/24

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

| Candidate name: | | | | | | |
|--|--------------------------------|--|--|--|--|--|
| Pete Ricketts | | | | | | |
| Authorized committee: | | | | | | |
| Pete Ricketts for Senate | | | | | | |
| Agency requesting time (and contact information): | | | | | | |
| N/A AxMedia | | | | | | |
| Candidate's political party: | | | | | | |
| Republican | | | | | | |
| Office sought (no acronyms or abbreviations): | | | | | | |
| United States Senate | | | | | | |
| Date of election: | General 🖌 Primary | | | | | |
| May 14th, 2024 | | | | | | |
| Treasurer of candidate's authorized committee: | | | | | | |
| Rick Bettger | | | | | | |
| 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: Mary Christensen | | | | | |
| A Media Buyer | | | | | | |
| Name: AxMedia Buyer | Name: Mary Christensen | | | | | |

Date of Request to Purchase Ad Time: 4/8/2024

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: | | | | | | | | | |
| ArMedia Buyer | | | | | | | | | |
| Name: AxMedia Buyer | | | | | | | | | |
| Date: 4/8/2024 | | | | | | | | | |
| TO BE COMPLETED BY STATION ONLY | | | | | | | | | |
| Ad submitted to Station? x Yes No Date ad received: 5/2/24 | | | | | | | | | |
| | | | | | | | | | |
| 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 (ab | ove): | x | Yes | | No | |] N/A | | |
| | | | | | | | | | |
| Disposition: | | | | | | | | | |
| X Accepted | | | | | | | | | |
| Accepted IN PART (e.g., ad copy | not yet re | eceiveo | d to detern | nne spo | onsor ID) [,] | • | | | |
| Rejected – provide reason: | | | | | | | | | |
| | | | | | | | | | |
| *Upload partially accepted form, then promptly upload updated final form when complete. | | | | | | | | | |
| Date and nature of follow ups, if any (o g | incufficio | ont coo | nsor ID too | .). | | | | | |
| Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag): | | | | | | | | | |
| | | | | | | | | | |
| Contract #: 3538190 | Station Call Letters: KIIT | | | | Date Received/Requested: 5/2/24 | | | | |
| Est. #: 6888 | Station Location: NORTH PLATTE,NE | | | E,NE | Run Start and End Dates: 5/10-5/14 | | | | |
| Upload order, this form and invoice (or tra use this space to document schedule of ti purchased or attach separately. If station v of a contact person who can provide that the OPIF. | me purch will not up | nased, v pload t | when spots he actual ti | actual mes sp | ly aired, t ots aired | he rates until an | s charged and the classes of time invoice is generated, the name | | |