


# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Mandi Varner, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Mandi Varner

Authorized committee:

Agency requesting time (and contact information):

N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): Fallon County Commissioner

Date of election: 06/04/2024

General

Primary

Treasurer of candidate's authorized committee:

Mandi Varner

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

Signature:

Mandi Varner

Name:

Mandi Varner

Date of Request to Purchase Ad Time: 5/3/24

Station Representative

Signature:

Linda Howard

Name:

Linda Howard

Date of Station Agreement to Sell Time: 05/03/2024

**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:

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: 5/3/2024

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 #: <u>2500-002</u>	Station Call Letters: <u>KJJM FM</u>	Date Received/Requested: <u>5/3/2024</u>
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Est. #:	Station Location: <u>Baker Montana</u>	Run Start and End Dates: <u>5/10/24 - 6/4/24</u>
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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.

# KJJM-FM

P.O. Box 790  
Baker, Montana 59313

SALESPERSON Hause/Linda DATE 5/3/2024  
 ACCOUNT NAME Varner for Fallon County Commission  
 ADDRESS Po Box 199  
 CITY Baker, MT 59313-0199  
 START DATE 5/10/24  
 END DATE 6/4/24

\$ \_\_\_\_\_ PER PROGRAM

LENGTH OF PROGRAM \_\_\_\_\_

\$ 7.70 PER ANNOUNCEMENT

LENGTH OF ANNOUNCEMENT 30's

TOTAL NUMBER OF ANNOUNCEMENTS 11

TIME: DRIVE \_\_\_\_\_ DAY  NIGHT \_\_\_\_\_ OTHER

TOTAL BILLING 84.70

PRODUCT Political ad 6a-10a only

AFFADAVIT REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

CO-OP COPY REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

BILLING MONTH May / June  
77 7.70

1	2	3	4	5	6	7
			/			
8	9	10				14
		/				/
15	16	17	18	19	20	21
	/				/	
22	23	24	25	26	27	28
/		/				/
29	30	31				
/	/	/				

per Mandi Varner  
AUTHORIZED SIGNATURE

ADDITIONAL INSTRUCTIONS:

P103

Newell Media, LLC  
 KJJM-FM  
 PO Box 790  
 Baker, MT 59313  
 (406)778-3371

# KJJM-FM Order Confirmation

OrderID: 2500-002

Sponsor: Varner for Fallon County Commissioner  
 Product: Varner for Fallon County Commissioner  
 Estimate/PO:  
 AccountRep: House Accounts  
 BillingCycle: Calendar Month  
 InvoiceType: Times/Rates  
 Run Dates: 5/10/2024 - 6/4/2024  
 Items Ordered: 11  
 Ordered Amount: \$84.70

VARNER FOR FALLON COUNTY COMMISSIONER  
 PO BOX 199  
 BAKER, MT 59313-0199

## Scheduled Station(s): KJJM Varner for Fallon County Commissioner

Printed 5/6/2024 9:40:34 AM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 5/10/2024 - 5/16/2024	All Weeks	06:00 AM - 10:00 AM		1		1	1			3	:30	Spot		P103	3	7.70	23.10
02 5/20/2024 - 5/24/2024	All Weeks	06:00 AM - 10:00 AM	1		1		1			3	:30	Spot		P103	3	7.70	23.10
03 5/28/2024 - 5/31/2024	All Weeks	06:00 AM - 10:00 AM		1	1	1	1			4	:30	Spot		P103	4	7.70	30.80
04 6/4/2024 - 6/4/2024	All Weeks	06:00 AM - 10:00 AM		1						1	:30	Spot		P103	1	7.70	7.70

Calendar Month Projected Billing:

Month	Projected Cost	Month	Projected Cost	Month	Projected Cost	Period	Total Cost
Apr-24	0.00	May-24	77.00	Jun-24	7.70	Q2-2024	84.70

Confirmed Correct; Payment Guaranteed

Accepted for KJJM