



Political Broadcast Agreement Form for Non-Candidate/Issue Advertisements (PB-19)



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This form may serve as a model agreement for the sale of political broadcast advertising time and to facilitate compliance with the Federal Communications Commission's (FCC) record retention requirements. Broadcasters seeking information on how the FCC's political broadcast rules and record retention requirements apply to their specific circumstances should seek the advice of their own attorney.

Please note:

You will be prompted to save this form after each entry of your electronic signature. Make sure to re-save the form if you enter any information after entering your electronic signature.

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A companion to this form is NAB's Political Broadcast Catechism. To assist with your understanding of the political advertising rules, an all-new Political Advertising Primer course will become available via Broadcast Education in March 2020.

Broadcast Education is NAB's home for online educational offerings, including live and on-demand webcasts, podcasts and certificate courses. For more information, visit <u>education.nab.org</u>.

NAB members have access to an array of member tools and benefits. To access additional member tools, please visit <u>nab.org/MemberTools</u>.

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, _____, hereby request station time as follows: See Order for proposed

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

Check one:

Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level.

Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Station time requested by:						
Agency name:						
Address:						
Contact:	Phone number:	Email:				
Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):						
Name:						
Address:						
Contact:	Phone number:	Email:				
Station is authorized to announce the ti	ime as paid for by such person or entity.					
By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s).						
If ad refers to a federal candidate(s) or federal election, list ALL of the following:						
Name(s) of every candidate referred to:						
Office(s) sought by such candidate(s) (no acronyms or abbreviations):						
Date of election:						
Clearly identify EVERY political matter ad (no acronyms); use separate page if	of national importance referred to in the necessary:	N/A				

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor		Station Representative			
Signature:		Signature:			
Name:		Name:			
Date of Request to Purchase Ad Time:		Date of Station Agreement to Sell Time:			
TO BE COMPLETED BY STATION ONLY					
Ad submitted to station? X Yes Note: Must have separate PB-19 forms (or the		Date ad received: _	f the ad (i.e., for eveny ad with differing com)		
	•				
If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.					
Disposition: Accepted Accepted IN PART (e.g., ad not received to determine content)* Rejected – provide reason (optional): *Upload partially accepted form, then promptly upload updated final form when complete. Date and nature of follow-ups, if any:					
Contract #:	Station Call Letters:		Date Received/Requested:		
Est. #:	Station Location:		Run Start and End Dates:		
For national issue ads only (not required for state/local issue ads):					
Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.					

ORDER

Orders Order / Rev:		2719290			
	Alt Order #: Product Desc:	KCK Public Schools			
	Estimate:	May 2024		Kansas City KMBZ-FM	
	Flight Dates:	05/07/24 - 05/07/24	Primary AE:	Allison Besse	
	Original Date / Re		Sales Office:	L-KAN	
	Order Type:	POLITICAL-ISSUE	Sales Region:	Local	
Agency	Name:	Committee for A Stronger Futur	e		
0,	Buying Contact:	Liz Freeman	Billing Type:	Cash	
	Billing Contact:	Liz Freeman	Billing Calendar:	Broadcast	
	Ū	444 N. 17th St.	Billing Cycle:	EOM/EOC	
		Kansas City, KS 66102	Agency Commission:	0%	
Advertiser	Name:	Committee for A Stronger Futur			
Demo	Demographic:	P12+	New Business End:		
	Product Codes:	Issues/Propositions (POL)	Advertiser External ID:	221296	
	Revenue Code 1:	DIR	Agency External ID:	195933	
	Revenue Code 2:	POL	Unit Code:	Issue - Local	
	Revenue Code 3:	POL-ISS	Order Separation:	00:45:00	
	Priority:	FULL			
Bill Plan			Totals		
Start Date	End Date # Spo	ots Gross Amount Net Amount	Month # Spots		
04/29/24	05/07/24	2 \$190.00 \$190.00	May 2024	2 \$190.00 \$190.00 0.00	
			Totals	2 \$190.00 \$190.00 0.00	
Account Exe					
Account Exec					
Allison Besse Sarah Falke	: L-KAN L-KAN			0% 0%	
Salah Take				576	
Ln Ch	Start End In	ventory Code Break Start/En	d Time Days Len Spots	Rate Pri Rtg Type Spots Amount	
N 1 KMBZ			7:00 PM - T :30 2	\$95.00 ISSUI 0.00 NM 2 \$190.00	
01-		I-F	Doting		
<u>Sta</u> Week: 05/		Weekdays Spots/Week Rate - T 2 \$95.00			
		*****		∎ Totals 2 \$190.00	