KXJK 950 AM/106.5FM

AGREEMENT

BEGIN END



Sadie Custer Blackwell CLIENT

AGENCY	94
SEND INVOICE TO: CLIENT GAGENCY	
ADDRESS 83,5 Laughrun Ds	
CITY Follos + C. & STATE Ar	ZIP CODE 72335
901-337-6413 PHONE NO.	

END

START

Customer #						PO #								
Contact #					Product Code									
Agency I	Agency Discount													
□ New					Order Date									
□ Addition														
Change	Change Order				No. Of Weeks									
Phone Order					Firs	t Broa	adcas	st						
Contract to follow					Last Dreadeast									
Commisionable						Last Broadcast								
ADVANCE PAYMENT						Product								
MONTHLY BILLING						Co-on								
LAST SUNDAY BILLING						Со-ор								
LEVELIZED BILLING						Sales # Rep #								
	SCHEDULE													
BATE	М	Т	W	т	F	S	S	#						
	101					Ŭ	<u> </u>							
270	1		1		1			4	2					
J Y	V				1			/						

CART #	LENGTH	DATE	DAT	E T	IME	TIME	A/F/B	RATE		Μ	Т	W	Т	F	S	S	#	
	:30	2/24	3/4		7 30	9 ^{1°}	B	30		1		1		1			4	2
	:30	35	3/5	-	30	9-2	В	30	لار		/						1	م
2													7			-	5	
														5				
JAN F	EB - MAR	APR	MAY	JUN	JU	L	AUG	SEP	OCT	Г	NO	V	DEO			1		3

SPONSOR

ORDERED FOR _

RESPONSIBLE FOR PAYMENT:

APPROVED &

ACCEPTED:

BY_

AGENCY OR ADVERTISER

Discrimination Policy: 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 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, national origin, or ancestry.

actor Black TYPE OR PRINT NAME OF ABOVE SIGNATURE

SIGNATURE

PAYMENT TERMS: Net 30 Days. Penalty for early cancellation. In event unpaid amount is placed for collection, purchaser agrees to pay all collection cost including reasonable attorney fees.

DOW #22022

MANAGER

TITLE

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Sadie Carter Blackwell, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

ALL QUESTIONS/BLC	OCKS MUST BE COMPLETED					
Candidate name: Sadic Carter B	lackwell					
Authorized committee:						
Agency requesting time (and contact information):						
Candidate's political party:						
Office sought (no acronyins or abbreviations): Fulle St. C. J. Shoo Board 12	SNe (
Date of election: $\frac{3}{5}/24$	General Primary					
Treasurer of candidate's authorized committee:						
The undersigned represents that:						
(1) the payment for the broadcast time requested has been	-					
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: Sodi Carter Bfrikiell	Signature:					
Name: Sadie Carter Blackwell	Name: RobJohnson					
Date of Request to Purchase Ad Time: 2-22-34	Date of Station Agreement to Sell Time: $2/22/24$					

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/A	Agency						
Signature:							
Name:							
Date:							
то	BE COMPLETED BY STATION OF	ILY					
Ad submitted to Station?	No Y						
Federal candidate certification signed (ab	ove): 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: Date Received/Requested:							
Est. #:	Station Location: $3 \rightarrow 11 = 5^{+}C_{1}/2_{1}/4_{1}$ Run Start and End Dates: 2/26/24 - 3/5/24						
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.							