

VICTORIA RADIOWORKS, LLC
P. O. BOX 3487
VICTORIA, TX 77903
(361) 576-6111

100.9 KBAR Order Confirmation

OrderID: 2600-008

Sponsor: Shannon Martin
Product: Shannon Martin/POL
Estimate/PO:
AccountRep: Cindy Cox
BillingCycle: Calendar Month
InvoiceType: Detail Notarized Affidavit
Run Dates: 3/1/2024 - 3/4/2024
Items Ordered: 36
Gross Amount: 360.00
Discounts: 0.00
Agency Commission: 54.00
Net Amount: 306.00

CHRIS NICHOLSON
PO BOX 2522
VICTORIA, TX 77902

Scheduled Station(s): KBAR Shannon Martin

Printed 2/29/2024 9:11:24 AM

Page 1

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 3/1/2024 - 3/1/2024	All Weeks	05:00 AM - 10:00 AM	3				3	3	3	12	:30	Spot			12	10.00	120.00
02 3/1/2024 - 3/4/2024	All Weeks	10:00 AM - 03:00 PM	3				3	3	3	12	:30	Spot			12	10.00	120.00
03 3/1/2024 - 3/4/2024	All Weeks	03:00 PM - 08:00 PM	3				3	3	3	12	:30	Spot			12	10.00	120.00

Calendar Month Projected Billing:

Month	Cost	Month	Cost	Month	Cost	Period	Total Cost
Jan-24	0.00	Feb-24	0.00	Mar-24	360.00	Q1-2024	360.00

Confirmed Correct; Payment Guaranteed

Accepted for 100.9 KBAR

Pursuant to FCC R&O 07-217, our station does not discriminate in advertising contracts on the basis of race or ethnicity, and any advertising order or agreement that purports to discriminate on that basis cannot be accepted.

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Chris Nicholson, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Shannon Martin

Authorized committee:

Martin for Commissioner Campaign

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Victoria County Commissioner, Precinct 3

Date of election:

3-9-24

General

Primary

Treasurer of candidate's authorized committee:

Stelly Marbach

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: <u>Chris Nicholson</u>	Signature: <u>Cindy Cox</u>
Name: <u>Chris Nicholson</u>	Name: <u>Cindy Cox</u>
Date of Request to Purchase Ad Time: <u>2-29-24</u>	Date of Station Agreement to Sell Time: <u>2/29/24</u>

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: _____

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 #: 2600-008	Station Call Letters: KBAR-FM	Date Received/Requested: 2/29/24
Est. #: N/A	Station Location: 3613 N. Main St.	Run Start and End Dates: 3/1-3/4/24

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF. 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 the OPIF.