CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.							
1, Mark Nelson	, hereby request station time as follows:							
IDENTIFY CANDIDATE TYPE	RAL CANDIDATE E OR LOCAL CANDIDATE							
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED							
Candidate name: Mark Nelson								
Authorized committee: Friends of Ma	wk Nelson							
Agency requesting time (and contact information):								
N/A								
Candidate's political party: Republican								
Office sought (no acronyms or abbreviations): Wood bury County Su	pervisor							
Office sought (no acronyms or abbreviations): Wood Dury County Sypervisor Date of election: 6424 Primary								
Treasurer of candidate's authorized committee:								
The undersigned represents that:								
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):							
the candidate listed above who is a legally qualified car	ndidate, or							
the authorized committee of the legally qualified candi	date listed above;							
(2) this station is authorized to announce the time as paid for b								
(3) this station has disclosed its political advertising policies, inc and other sales practices (not applicable to federal candidate								
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCIN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY							
Candidate/Committee/Agency	Station Representative							
Signature:	Signature: Well Trickson							
Name: Mark Nelson	Name: Kelli Erickson							
Date of Request to Purchase Ad Time: 5/2/24	Date of Station Agreement to Sell Time: 5/2/74							

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:											
ТО	BE COMPLETED BY STATION O	NLY									
Ad submitted to Station?	No Date ad received:	5/2/24									
Note: Must have separate PB-19 Form	ns for each version of the ad (i.e., for o	every ad with differing copy).									
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: *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: KSC) - KKMA - KKYY	Date Received/Requested:									
Est. #:	Station Location:	Run Start and End Dates: 5/8-6/4/24									
use this space to document schedule of ti	affic system print-out) or other documents ime purchased, when spots actually aired, will not upload the actual times spots aired information immediately should be placed	the rates charged and the classes of time duntil an invoice is generated, the name									

\$11.05 30 6A-7P 5/13 5/14 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/13 5/14 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/15 5/17 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/20 5/21 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/22 5/24 4 4 4 8 8 8 \$88.4 \$11.05 30 6A-7P 5/22 5/24 5 4 4 8 8 8 \$88.4 \$11.05 30 6A-7P 5/27 5/28 4 4 5 8 8 \$88.4		NTR		CAS	SH	XXX]		TRAD	E			NEW	X	XX	
COUNTY SUPERVISOR Agency Rep Agency Political XXX Calendar Bill XXX CIA Contract: MARK Phone #: 712-540-1259 Coop: Coop/Product Name: Conflict Description: POLITICAL/LOCAL/SUPERVISOR Spot Rate Lgth Daypart Start End Mon Tue Wed Thu Fri Sat Sun Week Line Total \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	KSC		XX KSI	UX] k	KMA]	KLEM]	QNU] }	KYY	
Address: 3773 180TH ST	Client:	MARK	(NELSON	FOR WO	OODB	URY] [Lc	ocal Dir	ect	XXX	1		Da	у	Date	
Rep Agency	0				Ag	Agency				Start WE		D 5/8/24				
CORRECTIONVILLE, IA 51016	Address:	-					Re	ep Age	ncy			End TUE			6/4/24	
Est # SBM Billing Confirm XXX				ILLE, IA	51016		Po	olitical		XXX						
Contact: MARK											Calendar Bill XXX			CIA	4	
Coop: Coop/Product Name: Cart #: 2749							E	st#			SBM Billing			Confirm XXX		
Coop: Coop/Product Name: Cart #: 2749	Contact:	MARK	(Contract #					
Sci Code: Conflict Description: POLITICAL/LOCAL/SUPERVISOR	Phone #:	712-5	40-1259				Or	rd#			Packa	age:				
Spot Rate Lgth Daypart Start End Mon Tue Wed Thu Fri Sat Sun Week Line Total \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Coop:		Coop/Produ	ct Name:							Ca	rt #:		2749		
Rate Lgth Daypart Start End Mon Tue Wed Thu Fri Sat Sun Week Line Total \$ \$11.05 30 6A-7P 5/8 5/10 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/13 5/17 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/20 5/21 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/22 5/24 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/22 5/24 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/27 5/28 4 4 4 4 4 8 8 \$88.4 \$11.05 30 6A-7P	ISCI Cod	e:					Conf	flict De	scriptic	on:F	OLIT	ICAL/	LOCAI	L/SUP	ERVISOR	
Rate Lgth Daypart Start End Mon Tue Wed Thu Fri Sat Sun Week Line Total \$ \$11.05 30 6A-7P 5/8 5/10 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/15 5/17 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/20 5/21 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/20 5/21 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/22 5/24 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/22 5/24 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/29 <td>Spot</td> <td>Spot</td> <td></td> <td>Spts/</td> <td>Total</td> <td></td>	Spot	Spot											Spts/	Total		
\$11.05 30 6A-7P 5/8 5/10 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/15 5/17 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/20 5/21 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/22 5/24 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/27 5/28 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/27 5/28 4 4 4 12 12 \$132.6			Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week	Line	Total \$	
\$11.05 30 6A-7P 5/13 5/14 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/20 5/21 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/22 5/24 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/27 5/28 4 4 4 8 8 8 \$88.4					5/10			4	4	4			12	12	\$132.60	
\$11.05 30 6A-7P 5/15 5/17 4 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/20 5/21 4 4 4 8 8 8 \$88.4 \$11.05 30 6A-7P 5/22 5/24 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/27 5/28 4 4 8 8 8 \$88.4		30	6A-7P	5/13	5/14	4	4						8	8	\$88.40	
\$11.05 30 6A-7P 5/20 5/21 4 4 8 8 \$88.4 \$11.05 30 6A-7P 5/22 5/24 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/27 5/28 4 4 8 8 8 \$88.4																
\$11.05 30 6A-7P 5/22 5/24 4 4 4 12 12 \$132.6 \$11.05 30 6A-7P 5/27 5/28 4 4 8 8 \$88.4 \$11.05 30 6A-7P 5/29 5/31 5 5 5 15 15 \$165.7	\$11.05	30	6A-7P	5/15	5/17			4	4	4			12		\$132.60	
\$11.05 30 6A-7P 5/27 5/28 4 4 8 8 \$88.4 \$11.05 30 6A-7P 5/29 5/31 5 5 5 15 15 \$165.7	\$11.05	30	6A-7P	5/20	5/21	4	4						8	8	\$88.40	
\$11.05 30 6A-7P 5/27 5/28 4 4 8 8 \$88.4 \$11.05 30 6A-7P 5/29 5/31 5 5 5 15 15 \$165.7																
\$11.05 30 6A-7P 5/29 5/31 5 5 5 15 15 \$165.7	\$11.05	30	6A-7P	5/22	5/24			4	4	4			-			
\$11.00 00 OATT 0.25 0.01	\$11.05	30	6A-7P	5/27	5/28	4	4						8	8	\$88.40	
V11.00 00 0.111 0.20 0.40 5	\$11.05	30	6A-7P	5/29	5/31			5	5	5			15	15	\$165.75	
W11.50 55 57.11 5.0 5.11		-		-		5	5						10	10	\$110.50	
	Ψ11.00		0,													
Remarks for Invoice: Total Spots: 8	Remark	s for l	nvoice:								Т	otal Sp	oots:		85	
Total Gross:	Remarks for invoice.															
Total Net: \$939.25												Total N	let:	\$	939.25	
Jan Feb Mar Apr		Jan			Feb				1	Mar				Apr		
Gross: Gross: Gross: Gross:	Gross:			Gross:				Gross	3:			G	ross:			
Net: Net: Net: Net:	Net:			Net:				Net:				1	Vet:			
May Jun Jul Aug Gross: Gross: Gross:		May		0	Jun			C====		Jul			ross. T	Aug		
01055.		ው በ	20 75		œ.	110 50	, }		_			-				
Net: \$828.75 Net: \$110.50 Net: Net: Net: Dec	Net:		20.75	ivet:		110.50	,	ivet.		Nov		- '	101.	Dec		
Gross: Gross: Gross: Gross:	Gross:	Job		Gross:				Gross				Gı	ross:			
Net: Net: Net:								Net:				1	let:		1/2	
Sales Rep: POLITICAL Date: 5/2/24 Mgr:	Sales Re	p:		POLITICA	٩L			Date		5/2	2/24		Mgr:		H	
Internal Notes for AE:		=														

	NTR		CAS	SH	XXX]	,	TRAD	E		i	NEW	X	XX	
KSO	oj 🗀	KSI	UX] k	KKMA	XXX] 1	KLEM]	KQNU]	KKYY	
Client:	MARI	K NEL SON	FOR WO	ODB	URY] [Lo	cal Dir	ect	XXX	1		Da	y T	Date	
Client: MARK NELSON FOR WOODBURY COUNTY SUPERVISOR						1 —	Agency			1	Start WE			5/22/24	
Address:	dress: 3773 180TH ST							ncy		1	End				
Addicss.	CORRECTIONVILLE, IA 51016							,	XXX	1					
CORRECTIONVILLE, IA STOTE							olitical			Calendar Bill XXX CIA					
						E	st#			SBM Billing			Confi	irm XXX	
Contact:	MARK	(-				Contract #					
Phone #:	-					Or	'd #			Pack					
			at Namos	r		, ,			$\overline{}$		art#:	1	2749		
Coop:		Coop/Produ	ci name.									004			
ISCI Cod	e:					Conf	lict De	scriptic	on: H	OLII	ICAL/I	LOCA	L/SUP	ERVISOR	
Spot	Spot											Spts/	Total		
Rate	Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week	Line	Total \$	
\$9.35	30	6A-7P	5/22	5/24			4	4	4			12	12	\$112.20	
\$9.35	30	6A-7P	5/27	5/28	40	4						8	8	\$74.80	
\$9.35	30	6A-7P	5/29	5/31			4	4	4			12	12	\$112.20	
\$9.35	30	6A-7P	6/3	6/4	4	4						8	8	\$74.80	
Remark	s for	Invoice:					Total					Spots:			
							Total Gr					ross:			
											Total N	let:	\$374.00		
	Jan			Feb				1	viar		T		Apr		
Gross:			Gross:				Gross	s:			G	ross:			
Net:			Net:				Net:				1	let:			
	May Jun							$\overline{}$	Jul		-		Aug		
Gross:			Gross:	- 1	Gross	_			Gross:						
Net:							Net:		lov		r	vet:	et: Dec		
Gross:	Sep		Gross:	Oct		\rightarrow	Gross		101		Gı	oss:	1		
Net:		ŀ	Net:			ŀ	Net:	_				let:		1/1	
	n:		POLITICA	Δ1			Date		5/	2/24		Mgr:		V	
Sales Re			FULITIU	\L.			Dale		3/2	⊆1 <u>≤</u> _¬₹		wigi.			
Internal N	otes for	AE:													

	NTR		CAS	SH	XXX]	•	TRAD	E			NEW	X	XX	
KSC	n	KSI	JX] k	KMA]	KLEM] k	(QNU] 1	KKYY XXX	
Client:	MARK	NELSON	FOR WO	ODB	URY	Lo	cal Dir	ect	XXX]		Da	у	Date	
		ITY SUPE				Ag	gency				Start W		D 5/15/24		
Address:	3773	180TH ST				Re	ep Age	ncy]	End TUE 6/4			6/4/24	
		RECTIONV	ILLE, IA	51016	3	Po	olitical		XXX						
										Calendar Bill XXX			CIA		
						E	st#			SBM Billing			Confirm XXX		
Contact:	MARK									Contract #					
Phone #:	712-54	40-1259		Oı	rd#			Package:							
Coop:		Coop/Produ	ct Name:							Cart #:			2749		
ISCI Code: Conflict Description: POLITICAL/LOCAL/SUPERVISOR											ERVISOR				
Spot	Spot											Spts/	Total		
Rate	Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week	Line	Total \$	
														A	
\$7.65	30	6A-7P	5/15	5/17			4	4	4			12	12	\$91.80	
\$7.65	30	6A-7P	5/20	5/21	4	4						8	8	\$61.20	
												40	40	#04.00	
\$7.65	30	6A-7P	5/22	5/24			4	4	4			12	12	\$91.80	
\$7.65	30	6A-7P	5/27	5/28	4	4						8	8	\$61.20	
\$7.65	30	6A-7P	5/29	5/31			5	5	5	×		15	15	\$114.75	
\$7.65	30	6A-7P	6/3	6/4	5	5						10	10	\$76.50	
-															
Remark	s for I	nvoice:									Total Spots:			65	
							To					oss:			
											Total N	let:	\$-	497.25	
	Jan			Feb				ı	Mar				Apr		
Gross:			Gross:				Gross	3:			G	ross:			
Net:			Net:				Net:				1	let:			
	May		0	Jun			Croos	_	Jul			ross:	Aug		
Gross:	₾ 4:	20.75	Gross:	ď	76.50	ŀ	Gross Net:	_				ross: let:			
Net:	Sep	20.75	Net:	Oct	70.50		INCL.		Vov			101.	Dec		
Gross:	Jop		Gross:				Gross	7			Gı	ross:		٨	
Net:			Net:				Net:				1	let:		1	
Sales Rep	o:		POLITICA	AL			Date	:	5/2	2/24		Mgr:		NY	
Internal No	otes for	AE:													