

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Allison Clark, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input type="checkbox"/>	FEDERAL CANDIDATE
	<input checked="" type="checkbox"/>	STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Judge Baxter Sharp III	
Authorized committee:	
Agency requesting time (and contact information): <input type="checkbox"/> N/A McLarty Consulting	
Candidate's political party: Non-Partisan Judicial	
Office sought (no acronyms or abbreviations): State District Judge District 16, Division 1	
Date of election: 3/5/24	<input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee:	
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.</p> <p>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</p>	

Candidate/Committee/Agency	Station Representative
Signature:	Signature:
Name: Allison Clark	Name: Rob Johnson
Date of Request to Purchase Ad Time: 2/20/24	Date of Station Agreement to Sell Time: 2/20/24

KXJK

950 AM/106.5 FM

AGREEMENT

KBFC

COUNTRY 93.5 FM

CLIENT McLarty Consulting

AGENCY _____

SEND INVOICE TO: CLIENT AGENCY

ADDRESS 1501 N University Ave, St 915

CITY LA STATE AR ZIP CODE 72207

PHONE NO. 501-680-5286

Customer # _____ PO # _____

Contact # _____ Product Code _____

Agency Discount

New Order Date _____

Addition No. Of Weeks _____

Change Order First Broadcast _____

Phone Order Last Broadcast _____

Contract to follow

Commissionable

ADVANCE PAYMENT Product _____

MONTHLY BILLING Co-op _____

LAST SUNDAY BILLING

LEVELIZED BILLING Sales # _____ Rep # _____

CART #	LENGTH	START DATE	END DATE	BEGIN TIME	END TIME	A/F/B	RATE	SCHEDULE							#	
								M	T	W	T	F	S	S		
	:60	2/21	3/5	7 ³⁰ _A	9 ⁰⁰ _A	B	40	2	2	2	2	2			20	800 ⁰⁰
	:60	2/21	3/5	6 ⁰⁰	7 ³⁰	A	21 ⁰⁰	1	1	1	1	1			10	210 ⁰⁰
	:60	2/21	3/5	6 ⁰⁰	7 ³⁰	F	21 ⁰⁰	1	1	1	1	1			10	210
	:60	2/21	3/5	12 ⁰⁰	13 ⁰⁰	F	21 ⁰⁰	1	1	1	1	1			10	210
	:60	2/21	3/5	12 ⁰⁰	12 ³⁰	A	21 ⁰⁰	1	1	1	1	1			10	210
	:60	2/21	3/5	4 ⁰⁰ _P	6 ⁰⁰ _P	F	21 ⁰⁰	1	1	1	1	1			10	210
	:60	2/21	3/5	4 ⁰⁰ _P	6 ⁰⁰ _P	A	21 ⁰⁰	1	1	1	1	1			10	210
	:60	2/21	3/5	6 ⁰⁰ _A	7 ⁰⁰ _P	F	18 ⁰⁰	1	1	1	1	1	1		12	210
	:60	2/21	3/5	6 ⁰⁰ _A	7 ⁰⁰ _P	F	18 ⁰⁰	1	1	1	1	1	1		12	210
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL		2492 ⁰⁰		

SPONSOR # _____

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.

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.

ORDERED FOR _____ AGENCY OR ADVERTISER

APPROVED & RESPONSIBLE FOR PAYMENT: Allison Clark SIGNATURE TITLE

TYPE OR PRINT NAME OF ABOVE SIGNATURE Allison Clark

ACCEPTED BY: Rob John MANAGER