CANDIDATE ADVERTISEMENT AGREEMENT FORM

	arges. See Invoice for actual schedule and charges.
Kyle Harris	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE
ALL QUESTIONS/BI	LOCKS MUST BE COMPLETED
Candidate name: Kyle Harris	
Authorized committee: Kyle harris for Idaho House 7A	
Agency requesting time (and contact information): N/A	
Candidate's political party: Republican	
Office sought (no acronyms or abbreviations): Idaho House Legislative District 7A	
Date of election: May 21, 2024	General Primary
Treasurer of candidate's authorized committee: Erin L. Woods	
and other sales practices (not applicable to federal ca	fied candidate, or d candidate listed above; id for by such person or entity; and cies, including applicable classes and rates, discount, promotion
Candidate/Committee/Agency	Station Representative
Signature:	Signature:
Name: Kyle Harris	Name: Jim Worry
Date of Request to Purchase Ad Time: 5/9/2024	Date of Station Agreement to Sell Time: 5~5~202V

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 O	NLY				
Ad submitted to Station? Yes Note: Must have separate PB-19 Form	No Date ad received:	5/10/24 every ad with differing copy).				
Federal candidate certification signed (ab	pove): Yes No	N/A				
Disposition: Accepted Accepted IN PART (e.g., ad copy Rejected – provide reason:	not yet received to determine sponsor ID)*				
*Upload partially accepted form, then pro	omptly upload updated final form when co	omplete.				
Date and nature of follow-ups, if any (e.g	., insufficient sponsor ID tag):					
Contract #:	Station Call Letters: KORT - AM FM	Date Received/Requested:				
Est. #:	Station Location: GRANGEVILLE, 17.	Run Start and End Dates: 5/16/24 - 5/21/24				
	affic system print-out) or other documents					

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.



Nelly Broadcasting, Idaho LLC P.O. Box 260 Clarkston, WA 99403

KYLE HARRIS FOR IDAHO HOUSE 2308 12TH AVENUE LEWISTON, ID 83501

Order Confirmation OrderID: 0506-001

Sponsor: Product: KYLE HARRIS FOR IDAHO HOUSE KYLE HARRIS FOR IDAHO HOUSE

Estimate/PO:

AccountRep: DARIN SIEBERT
BillingCycle: Calendar Month
InvoiceType: Times/Rates
Run Dates: 5/16/2024 - 5/21/2024

Run Dates: Items Ordered: Gross Amount:

100 1,000.00 0.00

Discounts: Agency Commission: Net Amount:

0.00

Scheduled Station(s): KORT - FM / KORT 96.9 KYLE HARRIS FOR IDAHO HOUSE

	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 02 03 04	5/16/2024 - 5/20/2024 5/21/2024 - 5/21/2024 6/16/2024 - 5/20/2024 5/21/2024 - 5/21/2024	All Weeks All Weeks All Weeks All Weeks	05:00 AM - 08:00 PM 05:00 AM - 03:00 PM 05:00 AM - 08:00 PM 05:00 AM - 03:00 PM	5	5 5		5 5	5	5 5		20 5 20 5	:30	Spot Spot Spot Spot		16381 16381 16381 16381	20 5 20 5	20.00 20.00 20.00 20.00	400.00 100.00 400.00 100.00
	Calendar Month Proj	ected Billing:											-					
	Apr-24		0.00 Ma	y-24			1,000.	00			Jun-24			0.00		Q2-2024		1,000.0
	Aur 24		0.00 Ma	y-24		_	1,000		_		Jun-24	_		0.00		Q2-2024		1,
	rifinned Correct; P										Station							