

SOUTH SEAS BROADCASTING, INC.

PO BOX 6758 PAGO PAGO, AS 96799 PH. 684-633-7793

Order Confirmation OrderID: 10024-001

Sponsor: JASON PALMER FOR PRESIDENT Product: JASON PALMER FOR PRESIDENT Estimate/PO: JASON PALMER FOR PRESIDENT

AccountRep: JOEY CUMMINGS
BillingCycle: Calendar Month

InvoiceType: Detail

Run Dates: 2/23/2024 - 3/5/2024

 Items Ordered:
 33

 Ordered Amount:
 \$531.00

 +FCC Regulatory Fee
 \$15.39

 Total Amount:
 \$546.39

JASON PALMER FOR PRESIDENT

Scheduled Station(s): KKBT / KKHJ / WVUV JASON PALMER FOR PRESIDENT

Printed 2/21/20	24 1:59:35 PM																	Page 1
Run Date	s Run	Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
03 2/23/2024	- 3/1/2024 All V - 2/29/2024 All V - 3/5/2024 All V	Veeks Veeks Veeks Veeks Veeks	06:00 AM - 10:00 AM 04:00 PM - 06:00 PM 06:00 AM - 08:00 AM 06:00 AM - 10:00 AM 04:00 PM - 06:00 PM	1 1 1	1 1	1	1	1			1 1 4 2 1	:60 :60 :60	Radio Ad Radio Ad Radio Ad Radio Ad Radio Ad		6824 6824 6824 6824 6824	2 2 4 2 1	48.00 45.00 51.00 48.00 45.00	96.00 90.00 204.00 96.00 45.00
Calend	lar Month Projected	Billing [Net]:															
	Jan-24		0.00	eb-24			297	7.00			Mar-2	4	2	34.00		Q1-2024	4	531.00
Confirmed	I Correct; Paym	ent Guara	anteed				Ac	cepte	ed fo	r Sou	uth Se	as Bro	adcasting	a				

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule a	and charges. See Invoice for actual schedule and charges.
I, MARIO AROAS	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED							
Candidate name:							
JASON PALMER							
Authorized committee:							
JASON PALMER FOR PRESIDENT							
Agency requesting time (and contact information):							
✓ N/A							
Candidate's political party:							
DEMOCRAT							
Office sought (no acronyms or abbreviations): PRESIDENT							
Date of election:	General ✔ Primary						
MARCH 8, 2024							
Treasurer of candidate's authorized committee:							
MARIO ARIAS							
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.							
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: MARIO ARIAS	Signature:						
	JOEY CUMMINGS 2024.03.01 08:00:31 -11'00'						
Name: MARIO ARIAS	Name: JOEY CUMMINGS						
Date of Request to Purchase Ad Time: 2/16/24	Date of Station Agreement to Sell Time: 2/16/24						

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/Agency							
Signature:							
Name: MARIO ARIAS							
Date: 2/16/24							
TO BE COMPLETED BY STATION ONLY							
Ad submitted to Station? Yes No Date ad received: 2/16/24							
Federal candidate certification signed (above):							
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 #: ATTACHED	Station Call Letters: KKHJ, WVUV, KKBT	Date Received/Requested: 2/16/24					
Est. #:	Station Location:	Run Start and End Dates: ATTACHED					
Upload order, this form and invoice (or tra	offic system print-out) or other documents	reflecting this transaction to the OPIF or					

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.