Delta Media KFXZ-FM 105.9 P.O. Box 159 Carencro, La 70520 (337) 896-1600

JOEY RICHARD

KFXZ-FM 105.9 Order Confirmation

OrderID:

4978-001

Sponsor: Product:

Joey Richard Joey Richard

Estimate/PO:

AccountRep: BillingCycle:

Beau Joseph Calendar Month Detail Affidavit

InvoiceType: Run Dates:

2/24/2024 - 3/23/2024

Items Ordered:

24 Ordered Amount: \$600.00

Scheduled Station(s): KFXZ-FM 105.9 Joey Richard

Run Dates	Run Weeks	F	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Descr	iption	Avail Type	Copy ID	Qty	Item Cost	Page Total Cost
2/24/2024 - 3/23/2024 2/24/2024 - 3/2/2024 3/24/2024 - 3/23/2024 2/24/2024 - 3/17/2024	All Weeks All Weeks All Weeks All Weeks	0	09:00 AM - 01:00 PM 09:00 AM - 01:00 PM 09:00 AM - 12:00 PM 09:00 AM - 12:00 PM						2	2	2 1 2 1	:30					10 2 8	25.00 25.00 25.00 25.00	250.00 50.00 200.00 100.00
Calendar Month Project	ted Billing:														20070000			25.00	100,00
Jan-24		0.00	Feb-2	1			150.00)		N	lar-24			450.00		Q1	-2024		600.0

Confirmed Correct; Payment Guaranteed

Accepted for KFXZ-FM 105.9

Candidate:

Joey Richard

KFXZ-FM Z105.9

Flight Dates: 2/24/24 - 3/23/24

Schedule:

30 seconds

KFXZ-FM

Saturday

9a-1p Hot Sauce Saturday

12x

\$25 per spot Total: \$300

Sunday

9a-noon Cravins Brothers

12x

\$25 per spot Total: \$300

Total Buy: \$600

Date

Joey Richard

Station Representative: Beau Joseph



CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.
I, Joen Fichar , hereby request station time as follows:
IDENTIFY CANDIDATE TYPE FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCKS MUST BE COMPLETED
Candidate name: JOEY RICHON
Authorized committee: JORY RICHARD & DSCC Agency requesting time (and contact information):
N/A
Candidate's political party:
Democratic
Office sought (no acronyms or abbreviations):
Date of election: March 23, 2024 Primary
Treasurer of candidate's authorized committee:
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: Signature: Signature: Signature: Name: Shand Lary Name: Shand Lary
Date of Request to Purchase Ad Time: 2 20 28 Date of Station Agreement to Sell Time: 2 20 28

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 #: Station Call Letters: Date Received/Requested: Est. #: Station Location: Run Start and End Dates: 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.