

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Britt Raybould, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Britt Raybould

Authorized committee:

Britt Raybould for Idaho

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

State Representative

Date of election:

May 21, 2024

General

Primary

Treasurer of candidate's authorized committee:

Ron Walker

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

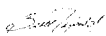
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency

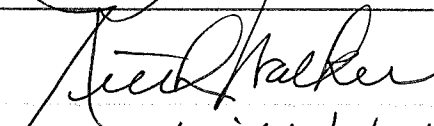
Station Representative

Signature:



Britt Raybould
2024.04.24 16:36:48 -06'00'

Signature:



Name: Britt Raybould

Name: Keith Walker

Date of Request to Purchase Ad Time: 4-24-24

Date of Station Agreement to Sell Time:

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: <i>KUPI KQPI KAOK-KUPY KQEO</i>	Date Received/Requested: <i>4.24.24</i>
Est. #:	Station Location: <i>Idaho Falls</i>	Run Start and End Dates: <i>4.25 - 5.21.24</i>

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.

Sales Order

Stations: KQEO-FM, KUPI-FM, KAOX-FM

Buyer:

Contract Name: Britt Raybould for Idaho 24

Tax Schedule:

(None)

Contract#: (none) Agency Commission %: 0

Start Date: 4/26/24 End Date: 5/21/24 Billing Cycle: Calendar

Revenue Type: Local Direct Type: Cash Salesperson: 1414kwal Comm %: 20

Advertiser: Britt Raybould for Idaho Makegood Policy: Within Contract Dates

Address: 301 N 1500 E

City: St Anthony State: ID Zip: 83445

Product Name: Primaries

Competitive Code: Political

KQEO-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							Per Wk	D/W	RATE	TOTALS		PTY	
	START	END		START	END		M	T	W	T	F	SA	SU				SPOTS	\$		
1	4/26/24	4/26/24		6:00 AM	7:00 PM	30						4			4	D	12.00	4	48.00	
2	4/29/24	5/03/24		6:00 AM	7:00 PM	30	4	4	4	4	4				20	D	12.00	20	240.00	
3	5/06/24	5/12/24		6:00 AM	7:00 PM	30	4	4	4	4	4				20	D	12.00	20	240.00	
4	5/13/24	5/19/24		6:00 AM	7:00 PM	30	4	4	4	4	4				20	D	12.00	20	240.00	
5	5/20/24	5/21/24		6:00 AM	7:00 PM	30	4								4	D	12.00	4	48.00	
6	5/21/24	5/21/24		6:00 AM	5:00 PM	30		3							3	D	12.00	3	36.00	

Cut off 5pm Election Day

TOTAL GROSS \$852.00, NET \$852.00

KUPI-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							Per Wk	D/W	RATE	TOTALS		PTY	
	START	END		START	END		M	T	W	T	F	SA	SU				SPOTS	\$		
1	4/26/24	4/26/24		6:00 AM	7:00 PM	30						4			4	D	14.00	4	56.00	
2	4/29/24	5/03/24		6:00 AM	7:00 PM	30	4	4	4	4	4				20	D	14.00	20	280.00	
3	5/06/24	5/12/24		6:00 AM	7:00 PM	30	4	4	4	4	4				20	D	14.00	20	280.00	
4	5/13/24	5/19/24		6:00 AM	7:00 PM	30	4	4	4	4	4				20	D	14.00	20	280.00	
5	5/20/24	5/21/24		6:00 AM	7:00 PM	30	4								4	D	14.00	4	56.00	
6	5/21/24	5/21/24		6:00 AM	5:00 PM	30		3							3	D	14.00	3	42.00	

Cut off 5pm Election Day

TOTAL GROSS \$994.00, NET \$994.00

KAOX-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							Per Wk	D/W	RATE	TOTALS		PTY	
	START	END		START	END		M	T	W	T	F	SA	SU				SPOTS	\$		
1	4/26/24	5/12/24		6:00 AM	7:00 PM	30						5			5	D	21.00	15	315.00	
2	4/29/24	5/03/24		6:00 AM	10:00 AM	30	5	5	5	5	5				25	D	21.00	25	525.00	
3	5/06/24	5/12/24		6:00 AM	10:00 AM	30	5	5	5	5	5				25	D	21.00	25	525.00	
4	5/13/24	5/19/24		6:00 AM	10:00 AM	30	5	5	5	5	5				25	D	21.00	25	525.00	
5	5/20/24	5/21/24		6:00 AM	10:00 AM	30	5	5							10	D	21.00	10	210.00	

TOTAL GROSS \$2,100.00, NET \$2,100.00

Billing Projections: By Month

	Apr 24	May 24
CA	627.00	3,319.00
ST	209.00	3,737.00

Print Spot Prices

TOTAL SPOTS	242
GROSS TOTAL \$	3,946.00
ADJUSTED SPOTS	242
ADJUSTED TOTAL \$	3,946.00

APPROVE DECLINE

- | | | |
|-----------------------|-----------------------|---------------------|
| <input type="radio"/> | <input type="radio"/> | Traffic |
| <input type="radio"/> | <input type="radio"/> | Sales Manager |
| <input type="radio"/> | <input type="radio"/> | Credit |
| <input type="radio"/> | <input type="radio"/> | Local Sales Manager |

SANDHILL MEDIA GROUP



CREDIT CARD PAYMENT FORM

Account Manager: Walker Date: 4-24-24

Advertisers Name: Britt Raybould for Idaho

Address: 301 N 1500 E, St. Anthony, ID 83445

**Please write the address that the credit card bill is sent to.*

Contact Name: Britt Raybould Phone Number: 208-419-0768

Cardholders Name: Brittney Raybould

Card Type: Master Card Visa American Express Other _____

Card Number: XXXXXXXXX2236 CVC / Security Code: 830

Expiration Date: 11/24 Payment Amount: \$ 3,946.00

Payment Notes: _____

Email Receipt: Yes No Email: hello@britt4idaho.com

Fax Receipt: Yes No Fax #: _____