Sales Order

Station:	KLCE-FM					Buyer:					
Contract Name:	MICKELSON	1 2024 PF	RIMARY	'KLCE	=	Tax Schedule:					
Contract#:					124923	Agency Commis	sion %:	0	******************		
Start Date:	5/13/24	End Da	ate:		5/20/24	Billing Cycle:	Calenda	ar			
Revenue Type:	POLITICAL -	LOCAL		. Type:	Cash						
Advertiser:	STEPHANIE M	11CKELSE	EN			Makegood Polic	y: WIT	H IN CONTRACT	DATES		
Address:	9088 North Riv	er Road									
City:	Idaho Falls	State:	ID Zip:	• • • • • • • • •	83402						
Product Name:	KLCE MICKE	LSON 20	24								
Competitive Cod	le: POLITICA	L	•••••	•••••							

No	DAT	ES	Alt	TIM	1ES	LEN		DISTRIBUTION							,	RATE	TOTALS		DTV
No	START	END	wks	START	END	LEIN	М	T	W	Т	F	SA	SU	Per Wk	ĎΜ	KAIE	SPOTS	\$\$	PTY
1	5/13/24	5/17/24		6:00 AM	3:00 PM	30	5	5	5	5	5			25	D	35.00	25	875.00	1
2	5/20/24	5/20/24		6:00 AM	3:00 PM	30	5							5	D	35.00	5	175.00	1

Billing Projections: By Month

		May 24							
CA	4	1,050.00							
S ⁻	Γ	1,050.00							
Print Spot Price	s					TOTAL SPOT	rs		30
	· • • • • • • • • • • • • • • • • • • •				•••	GROSS TOT	AL\$		1,050.00
		• • • • • • • • • • • • • • • • • • • •			•••	ADJUSTED S	SPOTS		30
						ADJUSTED 1	TOTAL \$		1,050.00
		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·						
						APPROVE	DECLINE		
							\bigcirc	424jmill, 05/10/24 @10:53AM	
						\bigcirc	\bigcirc	General Manager	
		• • • • • • • • • • • • • • • • • • • •				\bigcirc	\bigcirc	National Sales Manager	
					\bigcirc	501080sgrig, 05/10/24 @11:51AM			

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.					
Abby Mortimer	, hereby request station time as follows:					
· · · · · · · · · · · · · · · · · · ·	, nerosy request station time as renews.					
FEDE	RAL CANDIDATE					
IDENTIFY CANDIDATE TYPE STATE	OR LOCAL CANDIDATE					
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED					
Candidate name:						
Stephanie Mickelsen						
Authorized committee:						
Agency requesting time (and contact information):						
✓ N/A						
Candidate's political party:						
Republican						
Office sought (no acronyms or abbreviations):						
District 32 House Representatives						
Date of election:	General Primary					
May 21st 2024						
Treasurer of candidate's authorized committee:						
Mario Hernandez						
The undersigned represents that:						
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):					
the candidate listed above who is a legally qualified car	ndidate, or					
the authorized committee of the legally qualified candi	date listed above;					
(2) this station is authorized to announce the time as paid for b	y such person or entity; and					
(3) this station has disclosed its political advertising policies, inc	luding applicable classes and rates, discount, promotion					
and other sales practices.						
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY					
Candidate/Committee/Agency	Station Representative					
Signature:	Signature:					
SJ Aich	the 1/h Mrs					
Name: Stephanie Mickelsen	Name: Oll Inua Cert					
Date of Request to Purchase Ad Time: 5/40/24	Date of Station Agreement to Sell Time: 5/12/21					

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? No Date ad received: N/A No Federal candidate certification signed (above): Yes 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 #: Date Received/Requested: Station, Location: Est. #: 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.

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer

Federal Candidate Certification:



Andrea Smith <andrea@eiradio.com>

[billing] Merchant Copy: Successful charge from STEPHANIE J MICKELSEN

2 messages

Riverbend Communications <help@marketron.com>

Reply-To: help@marketron.com

To: billing@eiradio.com

Fri, May 10, 2024 at 11:46 AM



Receipt

Paid

Amount

\$1,890.00

Transaction Date

May 10, 2024

Transaction ID

07023916

 Subtotal
 \$1,890.00

 Tax
 \$0.00

 TOTAL PAID
 \$1,890.00

Payment

VISA 7723

Customer

STEPHANIE J MICKELSEN