

CANDIDATE ADVERTISEMENT AGREEMENT FORM

11/2 ADD
(11/3-11/7)

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

I, Tom Murphy, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Tom Murphy

Authorized committee: Tom Murphy for Council

Agency requesting time (and contact information):

 N/A

Candidate's political party: NA

Office sought (no acronyms or abbreviations):
City Councilman

Date of election: 11/7/23

General

Primary

Treasurer of candidate's authorized committee:
Tom Murphy

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: <u>Tom Murphy</u>	Signature: <u>Kelli Erickson</u>
Name: <u>Tom Murphy</u>	Name: <u>Kelli Erickson</u>
Date of Request to Purchase Ad Time: <u>11/2/23</u>	Date of Station Agreement to Sell Time: <u>11/2/23</u>

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>KSL, KSNV, KKMA, KSNV, KKVV</i>	Date Received/Requested: <i>11/2/23</i>
Est. #:	Station Location: <i>SLOAN CITY</i>	Run Start and End Dates: <i>11/3-11/7/23 Add</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.

NTR CASH TRADE NEW
 KSCJ KSUX KKMA KLEM KQNU KKYY

Client: **TOM MURPHY FOR COUNCIL**
 Agency:
 Address: **GIVE TO KELLI**
 Contact: **TOM MURPHY**
 Phone #: **712-898-9469**

Local Direct
 Agency
 Rep Agency
 Political

	Day	Date
Start	FRI	11/3/23
End	TUE	11/7/23

Calendar Bill CIA
 Est # SBM Billing Confirm
 Contract #
 Ord # Package:

Coop: Coop/Product Name: Cart #: **2751**

ISCI Code: _____ Conflict Description: **POLITICAL/LOCAL**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$11.05	30	M-F 6A-7P	11/3	11/3					4			4	4	\$44.20
\$7.65	30	SA 6A-7P	11/4	11/4						10		10	10	\$76.50
\$11.05	30	M-F 6A-7P	11/6	11/7	5	4						9	9	\$99.45

Remarks for Invoice: _____

Total Spots:	23
Total Gross:	
Total Net:	\$220.15

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:	\$220.15	Net:	

Sales Rep: **POLITICAL AE (by ke)** Date: **11/2/23** Mgr: 

Internal Notes for AE: _____

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Calendar Bill CIA
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 Contract #
 Ord # Package:

Coop: Coop/Product Name: Cart #: **2751**

ISCI Code: Conflict Description: **POLITICAL/LOCAL**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$12.75	30	M-F 6A-7P	11/3	11/3					4			4	4	\$51.00
\$8.50	30	SA 6A-7P	11/4	11/4						10		10	10	\$85.00
\$12.75	30	M-F 6A-7P	11/6	11/7	5	4						9	9	\$114.75

Remarks for Invoice: _____

Total Spots:	23
Total Gross:	
Total Net:	\$250.75

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:	\$250.75	Net:	

Sales Rep: **POLITICAL AE (by ke)** Date: **11/2/23** Mgr: 

Internal Notes for AE: _____

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Start	FRI	11/3/23
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Est # _____ Calendar Bill CIA
 SBM Billing Confirm
 Contract # _____
 Ord # _____ Package: _____

Coop: _____ Coop/Product Name: _____ Cart #: **2751**

ISCI Code: _____ Conflict Description: **POLITICAL/LOCAL**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$9.35	30	M-F 6A-7P	11/3	11/3					4			4	4	\$37.40
\$7.65	30	SA 6A-7P	11/4	11/4						10		10	10	\$76.50
\$9.35	30	M-F 6A-7P	11/6	11/7	5	4						9	9	\$84.15

Remarks for Invoice: _____

Total Spots:	23
Total Gross:	
Total Net:	\$198.05

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:	\$198.05	Net:	

Sales Rep: **POLITICAL AE (by ke)** Date: **11/2/23** Mgr: _____

Internal Notes for AE: _____

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 Est # _____ SBM Billing _____ Confirm
 Contract # _____
 Ord # _____ Package: _____

Coop: _____ Coop/Product Name: _____ Cart #: **2751**

ISCI Code: _____ Conflict Description: **POLITICAL/LOCAL**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$8.50	30	M-F 6A-7P	11/3	11/3					4			4	4	\$34.00
\$5.95	30	SA 6A-7P	11/4	11/4						10		10	10	\$59.50
\$8.50	30	M-F 6A-7P	11/6	11/7	5	4						9	9	\$76.50

Remarks for Invoice: _____

Total Spots:	23
Total Gross:	
Total Net:	\$170.00

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:	\$170.00	Net:	

Sales Rep: **POLITICAL AE (by ke)** Date: **11/2/23** Mgr: *ke*

Internal Notes for AE: _____

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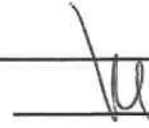
ISCI Code: _____ Conflict Description: **POLITICAL/LOCAL**

Spot Rate	Spot Lgth	Daypart	Start	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Spts/Week	Total Line	Total \$
\$7.65	30	M-F 6A-7P	11/3	11/3					4			4	4	\$30.60
\$5.95	30	SA 6A-7P	11/4	11/4						10		10	10	\$59.50
\$7.65	30	M-F 6A-7P	11/6	11/7	5	4						9	9	\$68.85

Remarks for Invoice: _____

Total Spots:	23
Total Gross:	
Total Net:	\$158.95

Jan		Feb		Mar		Apr	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
May		Jun		Jul		Aug	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:		Net:	
Sep		Oct		Nov		Dec	
Gross:		Gross:		Gross:		Gross:	
Net:		Net:		Net:	\$158.95	Net:	

Sales Rep: **POLITICAL AE (by ke)** Date: **11/2/23** Mgr: 

Internal Notes for AE: _____