CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charge	s. See Invoice for actual schedule and charges.
I, Iricla L. Shipman	
7	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE
STA	TE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOC	KS MUST BE COMPLETED
Candidate name:	TO MOST BE COMPLETED
Tricia L. Shipman	
Authorized committee:	the second secon
XA	
Agency requesting time (and contact information):	
N/A	
Candidate's political party:	
Republican	
Office sought (no acronyms or abbreviations):	
Clark of Court Public Admir	stralar
Date of election:	
Ole 104 2024	General
Treasurer of candidate's authorized committee:	
Jelt.	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fu	nished by (check one box balant)
the candidate listed above who is a legally qualified ca	ndidate, or payment will be received by a
the authorized committee of the legally qualified candi	date listed above; 5/28/2024
(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	Juding applicable deserved to
and other sales practices (not applicable to federal candida	tes).
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCIN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF BACE OR ETUNICITY
IN THE PLACEMENT OF ADVERTISING.	SASIS OF MACE OR ETHINICITY
Candidate/Committee/Agency	C
Signature:	Station Representative
1, - 401	Signature:
William Suprieur	denda Noward
William Shipman Name: Tricia L. Shipman	Name: Linda Howard
Date of Request to Purchase Ad Time: 04/24/202 中	Date of Station Agreement to Sell Time: 4/20/21/

Candidate/Authorized Committee/Agency Signature: Name: Date: TO BE COMPLETED BY STATION ONLY Ad submitted to Station? Yes No Date ad received: Lind Le secretal funct. 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): Leading and Alternative May Contract #: Station Call Letters: Date Received/Requested: 1939 495 -00 2 Station Call Letters: Run Start and Eng Dates: 1839 496 - 1939 497 493 294 493 294 493 294 497 493 294 497 497 497 497 497 497 497 497 497 4	idate e, that	his disclosure either (1) does not or similar image of the candidate ent identifying the candidate, tha s authorized committee paid for t date that identifies the candidate	layed printed statem nd/or the candidate atement by the cand	et the broadcast matter t es, (2) contains a clearly i Is and a simultaneously c ast and that the candidat	nt least four seconds a proved the broadcast lio programming, cor	The undersigned he to an opposing cand for a duration of at I the candidate approbroadcast or if radio
Name: Date TO BE COMPLETED BY STATION ONLY				ee/Agency	orized Committee	Candidate/Author
TO BE COMPLETED BY STATION ONLY Ad submitted to Station? Yes No Date ad received: will be recruited from 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: Pupload 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): Lecolary od at later date in May Contract #: Station Call Letters: Date Received/Requested: Station Location: Station Location: Run Start and End Dates: \$18149 - (431) 249 Jepload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPI set his space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of urchased or attach senarately if cratical in the opinions of the contraction of the opinions of attach senarately if cratical in the opinions of a transaction of the opinions of attach senarately if cratical in the opinions of a transaction of the opinions of the op			/			Signature:
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	es of time	ecting this transaction to the OPII rates charged and the classes of	other documents refl ots actually aired, the	traffic system print-out) of time purchased, when	separately If station	urchased or attach se

KFLN

P.O. Box 790 Baker, Montana 59313

SALESPERSON house Landy DATE 4/24/24 ACCOUNT NAME Shysmon Follow Clerky Pest, Cont ADDRESS POBOX 1276
CITY Boker, MT 593113
START DATE 728 24 END DATE 6/03/24

		PE	ER PROGRAM	LENGTH	OF PROGRA	М	
	2.00	PER ANN	OUNCEMENT	LENGTH	OF ANNOUN	CEMENT3	iols
OTAL N	UMBER O	F ANŅOUNCEI	MENTS 20				OTHER
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v							3
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	3	3	3	De	1. True	in mine	uson 4/24 /
				1		THORIZED SIGN	

ADDITIONAL INSTRUCTIONS:

Newell Media, LLC KFLN-AM PO Box 790 Baker, MT 59313 (406)778-3371

KFLN-AM Order Confirmation

OrderID:

2495-002

Sponsor: Product:

Shipman Fallon Co Clerk of District Court Shipman Fallon Co Clerk of District Court

Estimate/PO:

House Accounts

AccountRep: BillingCycle: InvoiceType: Run Dates:

Calendar Month Times/Rates 5/28/2024 - 6/3/2024

Items Ordered:

20

Ordered Amount: \$140.00

SHIPMAN FALLON CO CLERK OF DISTRICT COURT PO BOX 1276 BAKER, MT 59313

> Scheduled Station(s): KFLN Shipman Fallon Co Clerk of District Court

Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week	Length	Descrir	otion A	liev	Copy ID	04		Page 1	
1	5/28/2024 - 5/31/2024									to the same of	Total				ype	сору і	Qty	Item Cost	Total Cost
2	6/1/2024 - 6/3/2024	All Weeks All Weeks	Day Time Day Time	4	3	3	3	3	4		12 8		Spot Spot			-	12	7.00	84.00
(alendar Month Proje	cted Billing:										.00	Орог				8	7.00	56.00
	Apr-24		0.00	May-24			84.0	00			Jun-24			56.00			Q2-2024		140.0

Confirmed Correct; Payment Guaranteed

Accepted for KFLN