

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tricia L. Shipman, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Tricia L. Shipman

Authorized committee:

N/A

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Clerk of Court / Public Administrator

Date of election:

06/04/2024

General

Primary

Treasurer of candidate's authorized committee:

Self

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 payment will be received before 5/28/2024

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:

Tricia L. Shipman

Signature:

Linda Howard

Name:

Tricia L. Shipman

Name:

Linda Howard

Date of Request to Purchase Ad Time: 04/24/2024

Date of Station Agreement to Sell Time: 4/24/2024

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: *will be recorded prior to 5/28/24*

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):

Recording ad at later date in May

Contract #: <i>2495-002</i>	Station Call Letters: <i>KFLN AM</i>	Date Received/Requested: <i>4/24/24</i>
Est. #:	Station Location: <i>Baker, Montana</i>	Run Start and End Dates: <i>5/8/24 - 6/3/24</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.

KFLN

P.O. Box 790
Baker, Montana 59313

SALESPERSON	<u>Harold Linds</u>	DATE	<u>4/24/24</u>
ACCOUNT NAME	<u>Shisman^{PO} Fallon Clerk Dist. Court</u>		
ADDRESS	<u>PO Box 1276</u>		
CITY	<u>Baker, MT</u>	<u>593113</u>	
START DATE	<u>9/28/24</u>		
END DATE	<u>6/03/24</u>		

\$ _____ PER PROGRAM
 \$ 2.00 PER ANNOUNCEMENT
 TOTAL NUMBER OF ANNOUNCEMENTS 20
 TOTAL BILLING \$140.00
 AFFIDAVIT REQUIRED: YES NO _____
 BILLING MONTH May / June

LENGTH OF PROGRAM _____
 LENGTH OF ANNOUNCEMENT 30S
 TIME: DRIVE _____ DAY NIGHT _____ OTHER _____
 PRODUCT June 4th election
 CO-OP COPY REQUIRED: YES _____ NO _____

1	2	3	4	5	6	7
4		4				
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
						3
29	30	31				
3	3	3				

per Tricia in person 4/24 1:15pm
 AUTHORIZED SIGNATURE

ADDITIONAL INSTRUCTIONS:

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

KFLN-AM Order Confirmation

OrderID: 2495-002

Sponsor: Shipman Fallon Co Clerk of District Court
 Product: Shipman Fallon Co Clerk of District Court
 Estimate/PO:
 AccountRep: House Accounts
 BillingCycle: Calendar Month
 InvoiceType: Times/Rates
 Run Dates: 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

Printed 4/24/2024 2:05:20 PM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 5/28/2024 - 5/31/2024	All Weeks	Day Time		3	3	3	3			12	:30	Spot			12	7.00	84.00
02 6/1/2024 - 6/3/2024	All Weeks	Day Time	4					4		8	:30	Spot			8	7.00	56.00
Calendar Month Projected Billing:																	
Apr-24		0.00															
			May-24				84.00										
									Jun-24				56.00				
														Q2-2024			140.00

Confirmed Correct; Payment Guaranteed

Accepted for KFLN