



Contract

Contract #: CON-POL-AR-3079
 Product: Rate per Spot
 Type: Cash
 Flight: 04-29-2024 - 05-17-2024
 04-22-2024
 Primary Election

Anderson Radio Broadcasting Inc

Amanda Rauch
 (406) 253-0499
 P.O. Box 10
 Polson MT
 US 59860
 amanda@andersonbroadcasting.com

Gale Decker for County Commissioner

No Address

Description				Run Dates		Cost		Calendar Month		Spots			
Custom package / #1				04-29-2024 to 05-17-2024		Based on Rate & Volume				30			
Media Outlet: KIBG-The Big 100													
W/C 04-29-2024				Mon	Tue	Wed	Thu	Fri	Sat	Sun			
Daypart	Type	Length	Rate	04/29	04/30	05/01	05/02	05/03	05/04	05/05	Units	Cost	
Morning Drive (6am-10am)	Commercial	30sec	\$10.00	2	2	2	2	2	0	0	10	\$100.00	
Evening Drive (4pm-6pm)	Commercial	30sec	\$10.00	1	1	1	1	1	0	0	5	\$50.00	
Total per station											15	\$150.00	
Week total											15	\$150.00	
W/C 05-13-2024				Mon	Tue	Wed	Thu	Fri	Sat	Sun			
Daypart	Type	Length	Rate	05/13	05/14	05/15	05/16	05/17	05/18	05/19	Units	Cost	
Morning Drive (6am-10am)	Commercial	30sec	\$10.00	2	2	2	2	2	0	0	10	\$100.00	
Evening Drive (4pm-6pm)	Commercial	30sec	\$10.00	1	1	1	1	1	0	0	5	\$50.00	
Total per station											15	\$150.00	
Week total											15	\$150.00	
Total Spots												30	
Total												\$300.00	

Amounts quoted are in USD

Projected Billing (USD)			
April, 2024	\$60.00	May, 2024	\$240.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Gale Decker, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔	<input type="checkbox"/> FEDERAL CANDIDATE	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE
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ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: <u>Gale Decker</u>
Authorized committee:
Agency requesting time (and contact information): <input type="checkbox"/> N/A
Candidate's political party: <u>Republican</u>
Office sought (no acronyms or abbreviations): <u>Lake County Commissioner</u>
Date of election: <u>June 4, 2024</u> <input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee: <u>Susie Decker</u>

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.

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>Gale Decker</u>	Signature: <u>Amanda Rauch</u>
Name: <u>GALE DECKER</u>	Name: <u>Amanda Rauch</u>
Date of Request to Purchase Ad Time: <u>04.22.2024</u>	Date of Station Agreement to Sell Time: <u>4/22/24</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: 4/22/24

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 (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 #: <u>CON-POL-AR-3079</u>	Station Call Letters: <u>KIBG-FM</u>	Date Received/Requested: <u>4/22/24</u>
Est. #: <u>N/A</u>	Station Location: <u>Bigfork-MT</u>	Run Start and End Dates: <u>see schedules</u>

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.