

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Molly Perry, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Jaron Brandon

Authorized committee:

Committee to re-elect Jaron Brandon

Agency requesting time (and contact information):

N/A

Candidate's political party:

Independent

Office sought (no acronyms or abbreviations):

Board of Supervisors County of Tholame, CA District 5

Date of election:

March 5, 2024

General

Primary

Treasurer of candidate's authorized committee:

Molly Perry

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 |
|--|---|
| <p>Signature: <i>Molly Perry</i></p> <p>Name: <i>Molly Perry</i></p> <p>Date of Request to Purchase Ad Time: <i>2/9/2024</i></p> | <p>Signature: <i>Tom Nankival</i> GM</p> <p>Name: <i>TOM NANKIVAL</i></p> <p>Date of Station Agreement to Sell Time:</p> |

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:

Molly Perry

Date:

2/10/2024

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

2/8/24

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):

Contract #:

Station Call Letters:

KKBN - FM

Date Received/Requested:

Est. #:

Station Location:

SONORA CALIFORNIA

Run Start and End Dates:

2/12 - 3/5 2024

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.

Broadcast Contract

JARON BRANDON
19753 RAWHIDE RD
SONORA, CA 95370

| | | |
|--------------------------------|--------------------------|---|
| Start Date 02/12/24 | Contract# 61629 | Mod# 0 |
| End Date 03/05/24 | Date Entered 02/09/24 | Date Last Modified 02/09/24 |
| Advertiser JARON BRANDON | | Station Market KKBN-FM |
| Product POLITICAL RATE CARD | | SalesRep/Office Political TN-Political |

Calendar Billing Cycle Estimate# JARON BRANDON FOR DIST 5 SUP

| LN | DATE | TIMES/PROGRAMS | LEN | MO | TU | WE | TH | FR | SA | SU | SPOTS /WK | RATE |
|----|-------------------------|----------------|-----|----|----|----|----|----|----|----|-----------|---------|
| 1 | MO 02/12/24 FR 02/16/24 | 05:30A-09:30A | 60 | 2 | 2 | 1 | 1 | 1 | -- | -- | 7 | \$64.00 |
| 2 | MO 02/19/24 FR 02/23/24 | 05:30A-09:30A | 60 | .1 | 1 | 1 | 1 | 1 | -- | -- | 5 | \$64.00 |
| 3 | MO 02/26/24 FR 03/01/24 | 05:30A-09:30A | 60 | 2 | 2 | 2 | 2 | 2 | -- | -- | 10 | \$64.00 |
| 4 | MO 03/04/24 TU 03/05/24 | 05:30A-09:30A | 60 | 1 | 1 | -- | -- | -- | -- | -- | 2 | \$64.00 |

| Additional Comments | Total Spots | Spots Total\$ | Net | Gross |
|---------------------|-------------|---------------|-------------|-------------|
| | 24 | 1,536.00 | \$ 1,536.00 | \$ 1,536.00 |

Billing Projections: By Month

| | Feb 24 | Mar 24 |
|----|----------|--------|
| CA | 1,280.00 | 256.00 |
| ST | 768.00 | 768.00 |

Accepted for Station

Accepted for advertiser OR agency (and MBS, if any) as agent for the advertiser

Name _____ Title _____
See reverse for accepted terms and conditions, if any

Name _____ Title _____
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