STOP ISAHO PORN

## THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor	Station Representative									
Signature: Math S	Signature:									
Name: MATThew Smith	Name: Alexandra Varas									
Date of Request to Purchase Ad Time: 1/26/24	Date of Station Agreement to Sell Time: 1 26 24									
TO BE COMPLETED BY STATION ONLY										
Ad submitted to station? Yes No Date ad received: 1/26/24										
Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy).										
If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.										
Disposition:  Accepted  Accepted IN PART (e.g., ad not received to determine content)*  Rejected – provide reason:										
*Upload partially accepted form, then promptly upload updated final form when complete.										
Date and nature of follow-ups, if any:										
Contract #: 43212 Station Call Letters:	PAOX Date Received/Requested:									
Est. #: Station Location:	Run Start and End Dates:									
For national issue ads only (not required for state/local issue ads):										

Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.

# ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

MATThew SMITS	_, hereby request station time as fo	ollows: See <b>Order</b> for proposed											
schedule and charges. See Invoice for actual schedule and charges.													
Check one:													
(1) a legally qualified candidate issue of public importance (e.g., subject of controversy or discu	relating to any political matter of national for federal office; (2) an election to federal health care legislation, IRS tax code, etc.); ossion at the national level.  message relating to any political matter of	al office; (3) a national legislative or (4) a political issue that is the											
only to a state or local issue).													
ALL QUE	STIONS/BLOCKS MUST BE COI	MPLETED											
Station time requested by:													
Agency name:													
Address:													
Contact:	Phone number:	Email:											
committees] with no acronyms; name m	s full legal name as disclosed to the Fede nust match the sponsorship ID in ad):												
Station is authorized to announce the table to the station is authorized to announce the table to the station is authorized to announce the table to the station is authorized to announce the table to the station is authorized to announce the table table to the station is authorized to announce the table table table to the station is authorized to announce the table tabl	ime as paid for by such person or entity ers of the executive committee and the consor (Use separate page if necessary.):	board of directors or other											
executive committee and board of direct													
If ad reters to a tederal candidate(s) or	federal election, list ALL of the following	j:											
Name(s) of every candidate referred to	4	NIA											
Office(s) sought by such candidate(s) (r	no acronyms or abbreviations):	NA											
Date of election:													
Clearly identify <b>EVERY</b> political matter ad (no acronyms); use separate page if	of national importance referred to in th necessary:	e											

### **Sales Order**

0	KAOY EM									Buyer:									
	KAOX-FM ne: Matt Smith Cause Marketing-04										/NI====								
Contract Name:											Agency Commission %: 0								
Contract#:											Billing Cycle: Calendar								
Start Date:	- Oh								Salasparson: 1414aken (							Comm %:	20		
Revenue Type:	Matt Smith (C)									VACIDITY OF THE PARTY									
Advertiser:											akego	ood Policy		VVILLIIII	Commac	i Daics			
City:	Idaho	Fall	S	State: ID	Zip:			83	404										
Phone:	(208)	534-	8303																
Product Name:	News	stalk	AM_24																
Competitive Co	de: Po	olitic	al																
DA	TES	Alt	TIM	ES	LEN	DISTRIE					BUTION			RATE	TOTALS		PTY		
No START	END	wks	START	END			T W	T 3	F 3	SA	SU	Per Wk	D/W D	27.78	SPOTS 36	1,000.08			
1 2/02/24	2/19/24		6:00 AM	10:00 AM	60	3	3 3	3	3			10		21.10	00	1,000.00			
Billing Project	ions: By M	1onth																	
			eb 24																
	CA		80.00																
A Distance	ST	1,0	80.000									TOTAL S	POTS					36	
Print Spot Prices								00000 70741 \$							1,000.08				
									AD HIGTED ODOTO							36			
											ADJUSTED SPOTS  ADJUSTED TOTAL \$							1,000.08	
												ADJUST	EDIC	) IAL \$				1,000.00	
												APPROV	/E	DECLINE					
												$\bigcirc$		$\bigcirc$	Traffic				
												$\bigcirc$			Sales Ma	anager			
															Credit				

Local Sales Manager

### **Josh Elmore**

From:

KUPI FM <notifications@paytrace.com>

Sent:

Thursday, February 01, 2024 12:10 PM

To:

Josh Elmore

Subject:

KUPI FM Transaction Receipt - Reference Number 569741305

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

#### **KUPI FM**

854 LINDSAY BLVD IDAHO FALLS, ID 83402 2085221101

2/1/2024 12:09:57 PM

Reference Number:

569741305

Total:

\$1,000.08

Transaction Type:

Sale

**Transaction Status:** 

Pending Settlement

Card Brand:

Visa

Card Number:

xxxxxxxxxxxx2517

Entry Method: Approval Code: Keyed 101022

Approval Message:

**EXACT MATCH** 

AVS Result:

Full Exact Match

CSC Result:

Match

Customer Reference ID:123456789123456

Customer Name:

Invoice:

569741305

X

Please sign here to agree to payment.