

Confirmation



BICOASTAL
ROGUE VALLEY, U.S.

Bicoastal Media, LLC (Medford,
OR)
3624 Avion Drive
Medford OR 97504

Contract # 42020
Date Entered 04/24/24
Sales Person HOUSE Account
Billing Cycle Calendar
Revenue Source Political 20-4055/4056
Revenue Type Cash
Conflict 1 POLITICAL
Product Radio
P.O. # NR04242024
Contract 05/02/24 - 05/20/24

NOAH ROBINSON FOR OREGON STATE SENATE
C/O PAPER & STRING
ATTN AMY BOLES
3559 NATIONAL DRIVE
MEDFORD OR 97604

Station	Date/Time	Schedule	Len	P	Avail Type	Rate	Qty	Total
1	KCMD-FM 05/02/24-05/20/24 5:00a-10:00p	30xMTWThFSSu All Weeks	00:30	3	Commercial	8.00	120	960.00
2	KMED-FM 05/20/24-05/20/24 5:00a-10:00p	1,0,0,0,0,0,0 All Weeks	00:30	3	Commercial	15.00	1	15.00
3	KMED-FM 05/02/24-05/20/24 5:00a-10:00p	15xMTWThFSSu All Weeks	00:30	3	Commercial	15.00	60	900.00
Subtotal								1875.00
Agency Commission								281.25
Total								1593.75

Station Summary	Count	Gross	Net
KCMD-FM	120	960.00	816.00
KMED-FM	61	915.00	777.75

Projected Billing	Count	Gross	Net
May 2024	181	1875.00	1593.75
	181	1875.00	1593.75

Customer

Amy Boles

Sales Person

[Signature]

Printed 04/24/24 12:35:10

4/29/24

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CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Noah Robinson, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Noah Robinson	
Authorized committee: Noah Robinson for Oregon Sentate	
Agency requesting time (and contact information): <input type="checkbox"/> N/A Paper & String, Inc. contact: Amy Boles 541-773-8011	
Candidate's political party: Republican	
Office sought (no acronyms or abbreviations): State Senate District 2	
Date of election: 5/21/24	<input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Jessica A. Miller	
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input checked="" type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.</p> <p>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</p>	
<p>Candidate/Committee/Agency</p> <p>Signature: <i>Amy Boles</i></p>	<p>Station Representative</p> <p>Signature: </p> <p>Name: <u>GERALD L. FEOLA</u></p>
Date of Request to Purchase Ad Time: 4/15-5/21/24	Date of Station Agreement to Sell Time: <u>4/30/24</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: 4/1/2024

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 #:	Station Call Letters: <u>12MED - 12CMD</u>	Date Received/Requested: <u>4/1/24</u>
Est. #:	Station Location: <u>MEDFORD - GOWNS PAGES</u>	Run Start and End Dates: <u>4/1 - 4/24</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.