



Political Broadcast Agreement Form for Candidate Advertisements (PB-19)

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Logan manhart, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Logan manhart

Authorized committee:

Manhart for State House

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

State House, District 1

Date of election:

June 4th

General

Primary

Treasurer of candidate's authorized committee:

Logan manhart

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.

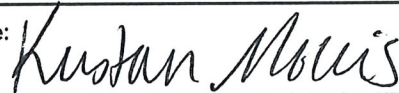
Candidate/Committee/Agency

Station Representative

Signature:



Signature:



Name: Logan manhart

Name:

Kristan Morris

Date of Request to Purchase Ad Time:

5/30/24

Date of Station Agreement to Sell Time:

5/30/24

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: Logan Manhart

Date: 

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 5/30/24

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 #: See Att	Station Call Letters: See Att	Date Received/Requested: See Att
Est. #: See Att	Station Location: See Att	Run Start and End Dates: See Att

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.

Hub City Radio
 3304 S Hwy 281 PO Box 1930
 Aberdeen, South Dakota 57401
 Phone: (605) 226-3632
 Email: frontoffice@hubcityradio.com



Logan Manhart For State House
 2640 13th St NW Lot 81
 ABERDEEN, SD 57401

Advertiser: Logan Manhart For State House
 Order #: 3032246951491
 Date Entered: 05/30/2024
 Last Modified: 05/30/2024
 Product: Manhardt for State House Dominator
 Salesperson: Kristan Morris
 Billing Cycle: Calendar Month
 Estimate #:

Order Date Range: 05/30/2024 through 05/30/2024 (1 weeks)
Media Outlets: KBFO-FM, KGIM-AM, KGIM-FM, KNBZ-FM, KSDN-FM, KSDN-HD2

Alternative Revenue Schedule

#	Start Date	End Date	Station	Pricing	Rate	Qty	Total
1	05/30/24	05/30/24	KBFO-FM	Per Unit/1 Unit(s) Per Day	200.00	1	200.00
	Description: NON-SPOT ITEM						
2	05/30/24	05/30/24	KGIM-AM	Per Unit/1 Unit(s) Per Day	200.00	1	200.00
	Description: NON-SPOT ITEM						
3	05/30/24	05/30/24	KGIM-FM	Per Unit/1 Unit(s) Per Day	200.00	1	200.00
	Description: NON-SPOT ITEM						
4	05/30/24	05/30/24	KNBZ-FM	Per Unit/1 Unit(s) Per Day	200.00	1	200.00
	Description: NON-SPOT ITEM						
5	05/30/24	05/30/24	KSDN-FM	Per Unit/1 Unit(s) Per Day	200.00	1	200.00
	Description: NON-SPOT ITEM						
6	05/30/24	05/30/24	KSDN-HD2	Per Unit/1 Unit(s) Per Day	100.00	1	100.00
	Description: NON-SPOT ITEM						

Station Totals

Station	On-Air Count	Digital Count	Web Count	Other Count	Gross Billing	Net Billing
KBFO-FM	0	0	0	1	\$200.00	\$200.00
KGIM-AM	0	0	0	1	\$200.00	\$200.00
KGIM-FM	0	0	0	1	\$200.00	\$200.00
KNBZ-FM	0	0	0	1	\$200.00	\$200.00
KSDN-FM	0	0	0	1	\$200.00	\$200.00
KSDN-HD2	0	0	0	1	\$100.00	\$100.00
Totals	0	0	0	6	\$1,100.00	\$1,100.00

Total Charges: \$1,100.00
Total Net: \$1,100.00

Projected Billing By Calendar Month Month

Month	Year	Gross Billing	Net Billing
May	2024	\$1,100.00	\$1,100.00
Totals		\$1,100.00	\$1,100.00

Accepted for Hub City Radio

Accepted for advertiser OR agency as agent for the advertiser

Name

Title

Name

Title