

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Abby Mortimer, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Stephanie Mickelsen

Authorized committee:

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

District 32 House Representatives

Date of election:

May 21st 2024

General

Primary

Treasurer of candidate's authorized committee:

Mario Hernandez

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:

Signature:

Keith Walker

Name: Stephanie Mickelsen

Name:

Date of Request to Purchase Ad Time: 5/10/24

Date of Station Agreement to Sell Time:

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: _____

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: KUPI KQPI	Date Received/Requested: 5.10.24 5.13.24
Est. #:	Station Location: Idaho Falls, ID	Run Start and End Dates: 5.13 - 5.21-24

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.

Sales Order

Stations: KAOX-FM, KUPI-FM Buyer: _____
 Contract Name: Stephanie Mickelson May 2024 Tax Schedule: _____ (None)
 Contract#: _____ 44114 Agency Commission %: 0
 Start Date: 5/13/24 End Date: 5/21/24 Billing Cycle: Calendar
 Revenue Type: Local Direct Type: Cash Salesperson: 1414kwal Comm %: 20
 Advertiser: Stephanie for Idaho (C) Makegood Policy: Within Contract Dates
 Address: PO Box 438
 City: Rigby State: ID Zip: 83442
 Phone: (208) 709-1295
 Product Name: Stephanie Mickelson Prima
 Estimate #: May 2024
 Competitive Code: Political

KAOX-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	5/13/24	5/17/24		6:00 AM	10:00 AM	30	3	2	3	3	3			14	D	19.00	14	266.00	1	
2	5/13/24	5/17/24		10:00 AM	7:00 PM	30	5	5	5	5	5			25	D	14.00	25	350.00	1	
3	5/20/24	5/21/24		6:00 AM	10:00 AM	30	3	2						5	D	19.00	5	95.00	1	
4	5/20/24	5/20/24		10:00 AM	7:00 PM	30	5							5	D	14.00	5	70.00	1	

TOTAL GROSS \$781.00, NET \$781.00

KUPI-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	5/13/24	5/17/24		6:00 AM	7:00 PM	30	8	8	8	8	8			40	D	14.00	40	560.00	1	
2	5/20/24	5/20/24		6:00 AM	7:00 PM	30	8							8	D	14.00	8	112.00	1	
3	5/21/24	5/21/24		6:00 AM	12:00 PM	30		3						3	D	14.00	3	42.00	1	

TOTAL GROSS \$714.00, NET \$714.00

Billing Projections: By Month

	May 24
CA	1,495.00
ST	1,495.00

Print Spot Prices

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TOTAL SPOTS	100
GROSS TOTAL \$	1,495.00
ADJUSTED SPOTS	100
ADJUSTED TOTAL \$	1,495.00

APPROVE DECLINE

- | | | |
|----------------------------------|-----------------------|-----------------------------|
| <input type="radio"/> | <input type="radio"/> | Traffic |
| <input type="radio"/> | <input type="radio"/> | Sales Manager |
| <input type="radio"/> | <input type="radio"/> | Credit |
| <input checked="" type="radio"/> | <input type="radio"/> | 1414jelm, 05/10/24 @12:56PM |

KUPI FM

854 LINDSAY BLVD
IDAHO FALLS, ID 83402
2085221101

5/10/2024 2:09:17 PM

Reference Number: 587125937

Total: \$1,495.00

Transaction Type: Sale

Transaction Status: Pending Settlement

Card Brand: Visa

Card Number: xxxxxxxxxxxx7723

Entry Method: Keyed

Approval Code: 07530I

Approval Message: APPROVAL 07530I

AVS Result: 0

CSC Result: Match

Customer Name: Stephanie Mickelsen

X _____

Please sign here to agree to payment.