

2101-002 CONTRACT



1255 E. Main St., Suite A
 Grass Valley, CA 95945
 Phone: (530) 272-3424 Fax: (530) 272-2872

Date: **7/28/2021**

Advertiser: **Ted Gaines For Governer**
 Agency: Strategy West Communications
 Billing Email: gmslagle@icloud.com
 Billing Address: P.O. Box 721
 Sloughhouse, CA 95683-0721
 Phone: 916-715-8496 Fax: Genet Slagle
 Contact Person: Genet Slagle
 Products:
 Package/Program Name
 Account Executive: **Dave Strout**

Notes to Traffic & Accounting:

New Revision Cancellation
 Start Date: **7/29/2021** End Date: **9/13/2021**
 P.O. or Estimate #: _____
 CO-OP
 LOCAL AGENCY
 15% COMMISSION % COMMISSION
 Calendar Month Broadcast Month

CASH CA
 TRADE PSA
 Shopping Show PCA

DAYPARTING
 TAP SPONSORSHIP
 PRIME ROS
 SPECIFIC DAYPARTS OTHER

Cart #/Copy Instructions

LINE	FLIGHT DATE		TIME		RATE	LEN	# OF WKS	DAY OF WEEK							TOTALS	
	START	END	FROM	TO				MON	TUE	WED	THU	FRI	SAT	SUN	SPOTS	AMOUNT
1	7/29/21	8/1/21	5A	7P	\$20.00	:60	1			3	3	3	3	12	\$240.00	
2	8/2/21	9/12/21	5A	7P	\$20.00	:60	6	x	x	x	x	x	x	180	\$3,600.00	
3	9/13/21	9/13/21	5A	7A	\$20.00	:60	1	4						4	\$80.00	
													Total	\$3,920.00		
JAN			MAY		SEP	1280								CONTRACT TOTALS		
FEB			JUN		OCT									Ad Total	196	\$3,920.00
MAR			JUL		NOV	240										3332.00
APR			AUG		DEC	2400										

Per Commercial
 Per month
 Per package

Terms Net 30 Days. Interest rate of 18% will be added on all charges beginning 30 days from the date of invoice. At 60 days, accounts are delinquent and advertising will be suspended. Delinquent accounts with discounts will lose the discount amount. Your signature on this contract authorizes Nevada County Broadcasters, Inc. to check your credit record through any credit research company. If your account is referred to small claims court, advertiser will be responsible for the cost of collection, attorney, and court fees plus interest. Accounts never aired are required to make an advance payment unless approved by management. Either party may cancel this contract with 2 weeks written notice. The parties to this advertising agreement affirm that nothing in this agreement, or any of the actions, benefits, and obligations relating to it, discriminate in any way on the basis of race or ethnicity. Initial here:

Account Executive: _____ Date: _____
 Approved: _____ Date: _____
 Agency/Advertiser: *D. Strout* Date: *7/28/21*
 Entered by: _____

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 Contact Person: Genet Slagle
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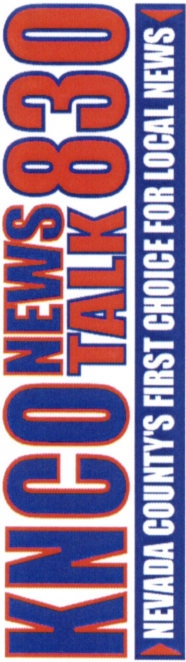
LINE	FLIGHT DATE		TIME		RATE	LEN	# OF WKS	DAY OF WEEK							TOTALS	
	START	END	FROM	TO				MON	TUE	WED	THU	FRI	SAT	SUN	SPOTS	AMOUNT
1	7/29/21	8/1/21	5A	7P	\$20.00	:60	1			3	3	3	3	12	\$240.00	
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Account Executive: _____ Date: _____
 Approved: _____ Date: _____
 Agency/Advertiser: *Dave Strout* Date: *7/28/21*
 Entered by: _____ Date: _____

2101-001 CONTRACT



1255 E. Main St., Suite A Grass Valley, CA 95945
 Phone: (530) 272-3424 Fax: (530) 272-2872

Date: 7/28/2021

Advertiser: **Ted Gaines For Governor**
 Agency: Strategy West Communications
 Billing Email: gmslagle@icloud.com
 Billing Address: P.O. Box 721
 Sloughhouse, CA 95683-0721
 Phone: 916-715-8496 Fax:
 Contact Person: Genet Slagle
 Products:
 Package/Program Name
 Account Executive: **Dave Strout**

Notes to Traffic & Accounting:

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	START	END	FROM	TO				MON	TUE	WED	THU	FRI	SAT	SUN	SPOTS	AMOUNT
1	7/29/21	8/1/21	5A	7P	\$25.00	:60	1			3	3	3	3	3	12	\$300.00
2	8/2/21	9/12/21	5A	7P	\$25.00	:60	6	x	x	x	x	x	x	x	180	\$4,500.00
3	9/13/21	9/13/21	5A	7A	\$25.00	:60	1	6							6	\$150.00
													Total		\$4,950.00	

Per spot
 Per month
 Per package
Ad Total \$4,950.00
 4207.50

	MAY	SEP
JAN		1650
FEB	JUN	OCT
MAR	JUL	300 NOV
APR	AUG	3000 DEC

Terms Net 30 Days. Interest rate of 18% will be added on all charges beginning 30 days from the date of invoice. At 60 days, accounts are delinquent and advertising will be suspended. Delinquent accounts with discounts will lose the discount amount. Your signature on this contract authorizes Nevada County Broadcasters, Inc. to check your credit record through any credit research company. If your account is referred to small claims court, advertiser will be responsible for the cost of collection, attorney, and court fees plus interest. Accounts never aired are required to make an advance payment unless approved by management. Either party may cancel this contract with 2 weeks written notice. The parties to this advertising agreement affirm that nothing in this agreement, or any of the actions, benefits, and obligations relating to it, discriminate in any way on the basis of race or ethnicity. Initial here: _____

Account Executive: _____ Date: _____
 Approved: _____ Date: _____
 Agency/Advertiser: *Dave Strout* Date: _____
 Entered by: _____ Date: _____

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.
 I, Genet Slagle, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔	<input type="checkbox"/> FEDERAL CANDIDATE
STATE OR LOCAL CANDIDATE	<input checked="" type="checkbox"/>

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Ted Gaines	
Authorized committee: Ted Gaines for Governor 2021	
Agency requesting time (and contact information): <input type="checkbox"/> N/A Strategy West Communications	
Candidate's political party: Republican	
Office sought (no acronyms or abbreviations): Governor	
Date of election: September 14, 2021	<input checked="" type="checkbox"/> General <input type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Kelly Lawler	
The undersigned represents that: (1) the payment for the broadcast time requested has been furnished by (check one box below): <input type="checkbox"/> the candidate listed above who is a legally qualified candidate, or <input checked="" type="checkbox"/> 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: Genet Slagle	Name:
Date of Request to Purchase Ad Time: July 27, 2021	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: _____

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:	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates:

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.

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See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.
 I, Genet Slagle, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔	<input type="checkbox"/> FEDERAL CANDIDATE
STATE OR LOCAL CANDIDATE	<input checked="" type="checkbox"/>

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Office sought (no acronyms or abbreviations): Governor	
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Signature:	Signature:
Name: Genet Slagle	Name:
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