CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charge	s. See Invoice for actual schedule and charges.
	, hereby request station time as follows:
	, hereby request station time as follows:
I II CANDON AND A PROPERTY OF THE PROPERTY OF	DERAL CANDIDATE
STA	TE OR LOCAL CANDIDATE
	KS MUST BE COMPLETED
Charlie Shepherd	
Authorized committee:	
Charlie Shepherd for	House 7B
Agency requesting time (and contact information):	
N/A	
Candidate's political party: Republican	
0.70	
Idaho State Representati	ve District 7B
Idaho State Representations): Date of election:	General
May 21, 2024	
Treasurer of candidate's authorized committee:	
Susan Shepherd	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fu	The state of the s
the candidate listed above who is a legally qualified ca	
the authorized committee of the legally qualified cand	
(2) this station is authorized to announce the time as paid for I	Maria de la companya
(3) this station has disclosed its political advertising policies, in and other sales practices (not applicable to federal candida	cluding applicable classes and rates, discount, promotion
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature: Charles Shuphurd	Signature:
Name: Charlie Shepherd	Name: Jim Joy
Date of Request to Purchase Ad Time:	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 Date ad received: 5/9/24 Ad submitted to Station? No 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 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): Station Call Letters: Contract #: Date Received/Requested: 5/9/24 0394-006 Est. #: Station Location: GRANGEVILLE, 1D. Run Start and End Dates: 5/11/24 - 5/20/24 Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or

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.



Nelly Broadcasting, Idaho LLC P.O. Box 260 Clarkston, WA 99403

CHARLIE SHEPHERD PO BOX 293 POLLOCK, ID 83547

KORT - FM Order Confirmation OrderID: 0394-006

Sponsor: Product: CHARLIE SHEPHERD CHARLIE SHEPHERD

Estimate/PO: AccountRep:

DARIN SIEBERT Calendar Month Times/Rates

BillingCycle: InvoiceType: Run Dates: Items Ordered: Gross Amount:

5/11/2024 - 5/20/2024 66 990.00

Discounts: Agency Commission: Net Amount:

0.00 0.00 990.00

Scheduled Station(s): KORT - FM CHARLIE SHEPHERD

	Run Weeks	Run Times	Mon	Tue	Wed	Thu Fri	The state of	ri Sal	Sun	Week Total	Length L	Description	Avail Typa	Copy ID	Qty	Itam Cost	Page 1
		11 - 5 CO 1 - 6 CO 20 C	- Mon				ru.										
1	4 All Whates	05:00 AM - 08:00 PM 05:00 AM - 08:00 PM 05:00 AM - 08:00 PM	8	6	7	7	7	6 7	6 7	12 47		Spot Spot Spot			12 47	15.00 15.00	180 00 705 00
Calendar Month	Projected Billing:					-	-	-	-		:30	Spot	-	_	7	15.00	105.00
Apris	24	0.00 A	lay-24			990.	.00			Jun-24			0.00		Q2-2024		990.0

Confirmed Correct, Payment Guaranteed

Accepted for Station1