

KXJK

950 AM/106.5 FM

AGREEMENT

KBFC

COUNTRY 93.5 FM

CLIENT Citizen Against Unfair Taxes

AGENCY _____

SEND INVOICE TO: CLIENT AGENCY

ADDRESS 146 Robertson Ave

CITY Marianna STATE AR ZIP CODE 72360

PHONE NO. 870-295-6333

Customer # _____ PO # _____

Contact # _____ Product Code _____

Agency Discount New Order Date _____

Addition Change Order No. Of Weeks _____

Phone Order Contract to follow First Broadcast _____

Commissionable ADVANCE PAYMENT Last Broadcast _____

MONTHLY BILLING Product _____

LAST SUNDAY BILLING Co-op _____

LEVELIZED BILLING Sales # _____ Rep # _____

CART #	LENGTH	START DATE	END DATE	BEGIN TIME	END TIME	A/F/B	RATE	SCHEDULE							#	
								M	T	W	T	F	S	S		
	:30	2/19	3/1	6 ⁰⁰	7 ³⁰	F	15	2	2	2	2	2			20	300
	:30	2/19	3/1	12	1 ⁰⁰	F	15	1	1	1	1	1			10	150
	:30	2/19	3/1	7 ³⁰	9 ⁰⁰	B	30	1	1	1	1	1			10	300
	:30	2/24	3/2	6 ⁰⁰	9 ⁰⁰	F	13						2		4	52
	:30	2/24	3/2	12	1 ⁰⁰	F	13						1		2	24
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL		828 ⁰⁰		

SPONSOR # _____

ORDERED FOR _____ AGENCY or ADVERTISER

APPROVED & RESPONSIBLE FOR PAYMENT [Signature] TITLE

TYPE OR PRINT NAME OF ABOVE SIGNATURE _____

ACCEPTED: BY [Signature] MANAGER

Discrimination Policy: This station does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, national origin, or ancestry.

PAYMENT TERMS: Net 30 Days. Penalty for early cancellation. In event unpaid amount is placed for collection, purchaser agrees to pay all collection cost including reasonable attorney fees.

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

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

Check one:

- Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level.
- Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Station time requested by: Citizens Against Unfair Taxes

Agency name: N/A

Address: 146 Robertson Ave Marianna, Ar. 72360

Contact: Bill McClain Phone number: 870 295 6333 Email: bmcclain38@sbccol.com

Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):

Name: N/A

Address: N/A

Contact: N/A Phone number: N/A Email: N/A

Station is authorized to announce the time as paid for by such person or entity.

List ALL of the chief executive officers or members of the executive committee or board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.):

Bill McClain Treasurer
Joe Anderson - CEO

By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s).

If ad refers to a federal candidate(s) or federal election, list ALL of the following: N/A

Name(s) of every candidate referred to:

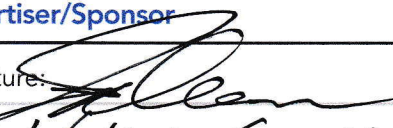
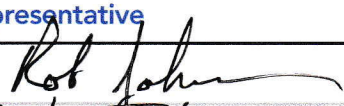
Office(s) sought by such candidate(s) (no acronyms or abbreviations):

Date of election: 3/5/24

Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary: N/A

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor	Station Representative
Signature: 	Signature: 
Name: <u>William S. McClain</u>	Name: <u>Rob Johnson</u>
Date of Request to Purchase Ad Time: <u>2/16/24</u>	Date of Station Agreement to Sell Time: <u>2/16/24</u>

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received: 2/16/24

Note: Must have separate PB-19 forms (or the equivalent, e.g., addendums) for each version of the ad (i.e., for every ad with differing copy).

If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.

Disposition:

Accepted
 Accepted IN PART (e.g., ad not received to determine content)*
 Rejected – provide reason (optional):

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any:

Contract #:	Station Call Letters: <u>KXJK/KOFC</u>	Date Received/Requested: <u>2/16/24</u>
Est. #:	Station Location: <u>Folsom City, AR</u>	Run Start and End Dates: <u>2/19/24 thru 3/2/24</u>

For national issue ads only (not required for state/local issue ads):

Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.