

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Heidi Balderree, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔

- FEDERAL CANDIDATE
- STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Heidi Balderree

Authorized committee: Friends of Heidi Balderree

Agency requesting time (and contact information):
 N/A

Candidate's political party:
Senator for Republican

Office sought (no acronyms or abbreviations):
Senate District 22

Date of election: June 25 General Primary

Treasurer of candidate's authorized committee:
Heidi Balderree

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: <u>Heidi Balderree</u>	Signature: <u>[Signature]</u>
Name: <u>Heidi Balderree</u>	Name: <u>Chad G Saunders</u>
Date of Request to Purchase Ad Time: <u>5-9-24</u>	Date of Station Agreement to Sell Time: <u>KYMV, KUDD, KALL, & KAO</u>

Brodway Media
CC PAYMENT FORM
50 West Broadway #200
Salt Lake City, Utah 84101
Phone: 801-325-3153
Fax: 801-880-5936

Broadway Media accepts Visa, Master Charge, American Express and Discover as an easy way to handle invoice payments. Please provide the following information:

Date: 5-9-24

Salesperson: Chad Saunders

Company Name: _____

Client Name: Heidi Balderree

Address: 1407 S Rocky Ridge Lane
Saratoga Springs, UT 84045

Phone: (801) 367-5085

Card Type: MC VISA DISC AMEX

Name on Card: Heidi Balderree

Card #: 

Exp. Date: 

Payment Amount: \$2,500 digital and \$2,500 broadcast¹

Station(s): _____

Invoice(s): _____

Email address (for receipt) heidibalderree@yahoo.com

Card Holder Signature: Heidi Balderree

Political Advertiser Verification

To run political display, pre roll, connected TV, OTT and/or streaming audio ads, complete the following information below.

Required Information indicated with *

Elections Information

- Will you be running ballot measure ads? * n/a
- Will you be running candidate election ads? If yes, complete Candidate Profile Information below: yes

Candidate Profile Information

Complete this section with the information for the person/entity that is paying for the ads..

- Candidate or Paying Entity Name* ~~Frank~~ Heidi Baldersee
- Is the ad for a federal or state/local election?* State
 - If state, what state?* Utah
- Who is paying for this ad?* Heidi Baldersee
- Address of the Paying Entity* 1407 S Rocky Ridge - Saratoga Springs UT 84045
- Name of an Executive of the Paying Entity* Heidi Baldersee
- Title of Executive* Heidi Baldersee
- Email Address of the Paying Entity* heidibaldersee@yahoo.com
- Candidates Campaign Website (Cannot be a Facebook page)* heidibaldersee.com
- Provide any other information required by applicable federal or state law, to be included in a legal disclaimer notice for this candidate and/or Political Advertiser

Note: If the campaign's landing page is a Facebook page, a separate website as proof of their candidacy is required. Please provide this, along with this form

- **Accepted:** Any non-Facebook domain directly associated with the candidate, their campaign, and/or the political organization/party they are a member of.
- **Not accepted:** A domain that verifies they are a legitimate candidate will not be accepted if it is not directly associated with the candidate and their campaign.

Political Verification

Provide one of the following required forms of verification:*

- Federal Election Commission ID (FEC ID) - Recommended
- Employer Identification Number (EIN)

Note: Providing a FEC ID or EIN allows for a quick approval for launch. If neither are provided, the DSP will have to conduct a manual verification. This can take 5 days, or longer, and could delay the launch of the campaign.

Additional Guidelines

- General advocacy campaigns that do not mention any candidates do not require approval.
- If the candidate is representing Maryland, advertisers will be asked for brief descriptions of the audience and geographies that are being targeted.
- If the candidate is representing New York, advertisers will be asked to upload a copy of the independent expenditure committee's state registration certificate.

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.