

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Stacy Zinn, hereby request station time as follows:

LILSDZ@AOL.COM

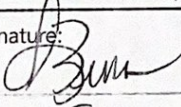
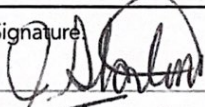
IDENTIFY CANDIDATE TYPE ➔

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

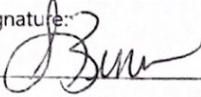
Candidate name: Stacy Zinn	
Authorized committee: Zinn For Montana / Citizens For Stacy Zinn	
Agency requesting time (and contact information): <input checked="" type="checkbox"/> N/A	
Candidate's political party: Republican	
Office sought (no acronyms or abbreviations): U.S. House of Representatives - Eastern District of Montana	
Date of election: June 4, 2024	<input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Michael Scheppele	
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.</p> <p>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</p>	

Candidate/Committee/Agency	Station Representative
Signature: 	Signature: 
Name: <u>Stacy Zinn</u>	Name: <u>Jennifer Stanton</u>
Date of Request to Purchase Ad Time: <u>5/20/24</u>	Date of Station Agreement to Sell Time: <u>5/20/24</u>

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: Stacy Zinn

Date: 5/20/24

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: 5/20/24

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 #: Order # 7243	Station Call Letters: Northern Broadcasting	Date Received/Requested: 5/20/24
Est. #:	Station Location: Billings, MT	Run Start and End Dates: 5/21/24 - 10/3/24

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.

ORDER



Northern Broadcasting Sy:

Orders
Order / Rev: 7243
 Alt Order #:
Product Desc: U.S. House of Representatives - East Dis
 Estimate:
Flight Dates: 05/21/24 - 06/03/24
Original Date / Rev: 05/17/24 / 05/20/24
Order Type: POL CAND

Primary AE: Augie Aga
Sales Office: LOC
Sales Region: Local

Agency Name: Stacy Zinn
Buying Contact: Stacy Zinn
Billing Contact: Stacy Zinn
 PO Box 80944
 Billings, MT 59108

Billing Type: Cash
Billing Calendar: Calendar
Billing Cycle: EOM/EOC
Agency Commission: 0%

Advertiser Name: Stacy Zinn
Demographic: HH
Product Codes: US House
Revenue Code 1: DIR
Revenue Code 2: POL
Revenue Code 3: RAD-SPOT
Priority: P-04 NEW

New Business Thru:
Advertiser External ID:
Agency External ID:
Unit Code: Ag Network
Order Separation: 00:05:00

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
05/01/24	05/31/24	9		
06/01/24	06/03/24	1		

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
May 2024	9			0.00
June 2024	1			0.00
Totals	10			0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Augie Aga			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	NBS	05/21/24	06/03/24	News Network Weekday	Gomme Radio		MTWTF--	:30	3		P-04	0.00	NM	10	
				Northern News Network											
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>			<u>Spots/Week</u>	<u>Rate</u>	<u>Rating</u>						
Week:		05/20/24	05/26/24	-TWTF--			4		0.00						
Week:		05/27/24	06/02/24	MTWTF--			5		0.00						
Week:		06/03/24	06/09/24	M-----			1		0.00						
													Totals	10	