

KFLN

P.O. Box 790
Baker, Montana 59313

SALESPERSON <u>Andrea</u>	DATE <u>5-19-20</u>
ACCOUNT NAME <u>Sandra Kinsey</u>	
ADDRESS <u>District 1 Fallon County Commissioner</u>	
<u>1492 Cabin Creek Rd</u>	
CITY <u>Baker MT</u>	<u>59313</u>
START DATE _____	
END DATE _____	

\$ _____ PER PROGRAM
 \$ 16.00 PER ANNOUNCEMENT
 TOTAL NUMBER OF ANNOUNCEMENTS 12
 TOTAL BILLING 192.00
 AFFIDAVIT REQUIRED: YES X NO _____
 BILLING MONTH May 2020

LENGTH OF PROGRAM _____
 LENGTH OF ANNOUNCEMENT ~~30~~ 60
 TIME: DRIVE _____ DAY X NIGHT _____ OTHER _____
 PRODUCT Comm: ss: oner
 CO-OP COPY REQUIRED: YES X NO _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	<u>3054</u>			

7AM
 12pm
 6pm

AUTHORIZED SIGNATURE _____

ADDITIONAL INSTRUCTIONS:

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Sandra N Kinsey hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Sandra N Kinsey

Authorized committee:

Agency requesting time (and contact information):

 N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

County Commissioner District I

Date of election:

General

Primary

Treasurer of candidate's authorized committee:

Sandra N Kinsey

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.

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:

Sandra N Kinsey

Signature:

Name:

Sandra N. Kinsey

Name:

Date of Request to Purchase Ad Time:

05-19-20

Date of Station Agreement to Sell Time: