

KAHM FM 102.1 BROADCASTING AGREEMENT

Date: 5/13/24

Advertiser: BROWN FOR SUPERVISOR

The advertiser listed here requests the broadcast time described below and agrees to furnish copy instructions.

Address: 13240 N. IRON HAWK DR.

PRESCOTT, AZ 86305

60 Sec.

30 Sec.

Product: POLITICAL

Date of first broadcast: 06/17/24

Date of last broadcast: 07/30/24

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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4) 6A-7P -----|

Rates: 128 :30 ADS (6A-7P, M-F) @ \$11.45/EACH \$1,465.60
 2% TAX 29.31
 \$1,494.91

Agency Billing
 Direct Billing
 Other

Terms:

Upon acceptance by **KAHM** management, this agreement shall become a binding contract between advertiser and Radio Station **KAHM** and the billing for these announcements is payable, net, within ten days.

Radio Station **KAHM** shall have the privilege of canceling this contract without notice in order to broadcast special events, events of national interest, or at the express discretion of the management of **KAHM**. However, advertiser shall be bound to pay only for the announcements broadcast.

Advertiser will be billed at earned rate if terms of this contract are not fulfilled.

Interest accrues at 1.5% on past due balances after 60 days.

Additional Terms:

This Agreement does not, and the parties to this Agreement shall not, in its implementation, improperly discriminate on the basis of race, color, national origin, religion, or gender.

Accepted for KAHM:

 By: JASON ZINZILIETA

 Title: GENERAL MANAGER

 KAHM Salesman: _____

Advertiser
 or Agency: BROWN FOR SUPERVISOR

 By: _____ Title: _____

 Advertisers or Agency address:
CLBSNR@MSN.COM

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Craig L. Brown, Sr., hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Craig L. Brown, Sr.

Authorized committee:

Re-Elect Craig Brown Committee

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Yavapai County District 4 Supervisor

Date of election:

July 30, 2024

General

Primary

Treasurer of candidate's authorized committee:

Mary Conner

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:	Signature:
Name: Craig L. Brown, Sr.	Name: Jason Zinzilieta
Date of Request to Purchase Ad Time: May 13, 2024	Date of Station Agreement to Sell Time: 5/13/24

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: _____

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 #:

Station Call Letters:

Date Received/Requested:

KAHM

5/13/24

Est. #:

Station Location:

Run Start and End Dates:

Prescott AZ

6/17 - 7/30/24

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.

SEE ATTACHED

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 ONLYAd submitted to Station? Yes No

Date ad received: _____

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):

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