

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Bud Synhorst, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Carolyn Bosh

Authorized committee:

Bosh for Legislature

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Legislature District 25

Date of election:

5-14-24

General

Primary

Treasurer of candidate's authorized committee:

Jim Essay

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:

Bud Synhorst

Signature:

Ami Graham

Name:

Bud Synhorst

Name:

Ami Graham

Date of Request to Purchase Ad Time:

5/6/24

Date of Station Agreement to Sell Time:

5/6/24

**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: 4/2/2024 Bosn Radio V1

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 #: <u>509049</u>	Station Call Letters: <u>KLNC</u>	Date Received/Requested: <u>5/6/2024</u>
Est. #: <u>N/A</u>	Station Location: <u>Lincoln, NE</u>	Run Start and End Dates: <u>5/6 - 5/14/2024</u>

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.

L. U. R

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**Candidate/Authorized Committee/Agency**

Signature:

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No

Date ad received: 4/21/2024

Bosn Radio V2

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 #: 509049	Station Call Letters: KLNC	Date Received/Requested: 5/6/2024
Est. #: N/A	Station Location: Lincoln, NE	Run Start and End Dates: 5/6 - 5/14/2024

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**Candidate/Authorized Committee/Agency**

Signature:

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No

Date ad received: 4/2/2024 Bosn - Condon 30

Federal candidate certification signed (above):  Yes  No  N/A

Disposition:

- Accepted
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- 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 #: <u>509049</u>	Station Call Letters: <u>KLNC</u>	Date Received/Requested: <u>5/6/2024</u>
Est. #: <u>N/A</u>	Station Location: <u>Lincoln, NE</u>	Run Start and End Dates: <u>5/6-5/14/2024</u>

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L.U.R.

# Broadcast Contract

BOSN FOR LEGISLATURE  
 BOSN FOR LEGISLATURE  
 1201 LINCOLN MALL #102  
 LINCOLN, NE 68508

Start Date 05/06/24	Contract# 509049	Mod# 0
End Date 05/14/24	Date Entered 05/06/24	Date Last Modified 05/06/24
Advertiser BOSN FOR LEGISLATURE		Station Market KLNC-FM
Product SPRING PRIMARY		SalesRep/Office House House

Calendar Billing Cycle Estimate#

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE	
1	MO 05/06/24 TU 05/14/24	06:00A-07:00P	30		8	8	8	8	8	--	--	40	\$8.00
												LUR	
2	SA 05/11/24 SU 05/12/24	06:00A-07:00P	30	--	--	--	--	--	8	8	16	\$5.00	
												LUR	

-----Additional Comments-----	Total Spots	Spots Total\$	Agency Commission	Net	Gross
	72	528.00	\$79.20	\$ 448.80	\$ 528.00

Billing Projections: By Month

	May 24
CA	528.00
ST	528.00

This station does not discriminate in the sale of commercial time, and will not accept advertising which, in its sole opinion, is purchased with an intent to discriminate unlawfully on the basis of race, gender, or ethnicity. The advertiser hereby certifies that its purchase of commercial time is not made for an unlawful discriminatory purpose, including specifically that it is not based upon a decision to place advertising on a station on the basis of race, gender, or ethnicity.

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

_____ Name	_____ Title	_____ Name	_____ Title
See reverse for accepted terms and conditions, if any		Page	4