

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, PAM SMITH, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: PAM SMITH

Authorized committee:

Agency requesting time (and contact information):

N/A

Candidate's political party: REPUBLICAN

Office sought (no acronyms or abbreviations):

Date of election: June 18th 2024

General

Primary

Treasurer of candidate's authorized committee:

N/A

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: <i>Pam Smith</i>	Signature: <i>Jeff Massengale</i>
Name: Pam Smith	Name: Jeff MASSENGALE
Date of Request to Purchase Ad Time: 5-31-24	Date of Station Agreement to Sell Time: 5/31/24

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:

Pam Smith

Name:

Pam Smith

Date:

5-31-24

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

5/31/24

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: <i>KNED</i>	Date Received/Requested: <i>5/31/24</i>
Est. #:	Station Location: <i>MCALESTER, OK</i>	Run Start and End Dates: <i>6/4/24 - 6/17/24</i>

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.



918-426-1050 • P.O. BOX 1068 • McALESTER, OK 74502

NET \$1,008⁰⁰

GROSS _____

Agreement between Pam Smith for Court Clerk Advertiser _____ Address _____ called advertiser

Southeastern Oklahoma Radio, called station to broadcast as specified below.

Agency (if any) _____ Name _____ Address _____ Product _____

1 - CUSTOMER ACCT.# _____ 2 - SPONSOR NAME Pam Smith

3 - COST PER UNIT \$12⁰⁰ 4 - TYPE _____

5 - SOURCE # _____ 6 - START MM/DD/YY 6/4/24

7 - END MM/DD/YY 6/17/24 8 - PRODUCT CODE _____

9 - LENGTH (SEC) 30 10 - SOURCE _____

11 - AFFIDAVIT (Y/N) _____ 12 - AUTO BILL (Y/N) CC

13 - SCHEDULE (F/D) D 14 - SALESMAN Jeff

15 - COOP/PROD/EVNT June 18th 2024 ELECTION

16 DAY PARTS

	0600 1000	1000 1500	1500 1900	1900 2200	0600 2200	1900 0001	0001 0600
MON:	_____	_____	<u>6x30 second ads</u>		_____	_____	_____
TUE:	_____	_____	<u>each day</u>		_____	_____	_____
WED:	_____	_____	_____	_____	_____	_____	_____
THU:	_____	_____	_____	_____	_____	_____	_____
FRI:	_____	_____	_____	_____	_____	_____	_____
SAT:	_____	_____	_____	_____	_____	_____	_____
SUN:	_____	_____	_____	_____	_____	_____	_____

REMARKS: *THANK YOU!

Co-op _____ Affidavit _____

This station does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, gender, national origin, or ancestry.

Advertiser Pam Smith for Court Clerk

By Pam Smith Officer

Accepted by [Signature]

Address _____ City _____ State _____