CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Derek Oden	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCKS MUST BE COMPLETED	
Candidate name: Deb Fischer	
Authorized committee: Deb Fischer for U.S. Senate	
Agency requesting time (and contact information): N/A	
Candidate's political party: Republican	
Office sought (no acronyms or abbreviations): United States Senate	
Date of election: May 14th, 2024	General ✓ Primary
Treasurer of candidate's authorized committee: James Watts	
and other sales practices.	fied candidate, or d candidate listed above;
Candidate/Committee/Agency	Station Representative
Signature: Mod	Name: Delpha L. Albus Date of Station Agreement to Sell Time: 3/19/24
Name: Derek Oden	Name: Delpha L. Albus
Date of Request to Purchase Ad Time: 3/13/24	Date of Station Agreement to Sell Time: 3/19/24

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: Derek Oden		
Date: 3/13/24		
TO BE COMPLETED BY STATION ONLY		
Ad submitted to Station? Yes No		
Date ad received: 3/25/24		
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 #: 49139942 Station Call Letters: KRVN – FM Date Received/Requested: 3/19/24		
Est. #: April May Station Location: Run Start and End Dates: 1/4/24		
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		