CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges	S. See Invoice for actual schedule and charges
LENDY KETTERLING	, hereby request station time as follows:
	, riereby request station time as follows:
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE
STA	TE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOC	KS MUST BE COMPLETED
Candidate name: RANDY R KETTERLING	
A. d. according	
Authorized committee:	
Agency requesting time (and contact information):	
N/A	
Candidate's political party: Refusion	
Candidate's political party: Kelublican	
Office sought (no acronyms or abbreviations):	
County Commision	
Date of election:	General Primary
Jank 4	Timary
Treasurer of candidate's authorized committee:	KETTERLIJ
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fu	rnished by (check one box below):
the candidate listed above who is a legally qualified ca	ndidate, or
the authorized committee of the legally qualified cand	idate listed above;
(2) this station is authorized to announce the time as paid for k (3) this station has disclosed its political advantage as to be a station of the station o	by such person or entity; and
(3) this station has disclosed its political advertising policies, in and other sales practices (not applicable to federal candida	cluding applicable classes and rates, discount, promotion tes).
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC	
IN THE PLACEMENT OF ADVERTISING.	ANNUATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	G
Signature:	Station Representative
KUR	Signature: Linda Howard
Name: RANDY KETTERLING	
KANNI KETIBELLOU	Name: Lindo Howard
Date of Request to Purchase Ad Time: 5-14-24	Date of Station Agreement to Sell Time: 5/4/2024

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? Date ad received: 05/14/2021 Yes No 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: Date Received/Requested: 2501-002 Est. #: Station Location: Run Start and End Dates: Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or

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.

KJJM-FM

P.O. Box 790 Baker, Montana 59313

SALESPERSON House Lindy DATE 5/4/24 ACCOUNT NAME Fondy Ketterling for Fellow County Comments ADDRESS 10 Box 586
CITY

\$		PER	PROGRAM	LENGTH OF F	PROGRAM			
\$	2.00	PER ANNOU	JNCEMENT		ANNOUNCEME	NT 3015		
TOTAL	L NUMBER OF	ANNOUNCEME	NTS 42		DAY /-	NIGHT	OTHER	
AFFAI	DAVIT REQUIRE	ED: YES	NO	CO-OP COPY	PEOUPED: V	TEC NO		
	NG MONTH_///	1 cy/ Jee 13/00 2	ne	00-01-00-1	REQUIRED: Y	E5 NC)	
	1	2	3	4	5	6	7	
			3					
	8	9	10	11	12	13	14	
	15	16	17	18	19	20	21	
	3_	3	3			3	3	
	22	23	24	25	26	27	28	
	3	3	3			3	3	
	29	30	31					
	3	3	3					

AUTHORIZED SIGNATURE

ADDITIONAL INSTRUCTIONS:		

Newell Media, LLC KJJM-FM PO Box 790 Baker, MT 59313 (406)778-3371

KJJM-FM Order Confirmation

OrderID:

2501-002

Sponsor: Product:

Randy Kettelring for Fallon County Commissioner Randy Kettelring for Fallon County Commissioner

Estimate/PO: AccountRep:

House Accounts Calendar Month Times/Rates

BillingCycle: InvoiceType: Run Dates:

5/15/2024 - 6/3/2024

Items Ordered:

42 Ordered Amount: \$294.00

RANDY KETTELRING FOR FALLON COUNTY PO BOX 596 **BAKER, MT 59313**

> Scheduled Station(s): KJJM Randy Kettelring for Fallon County Commissioner

Run	Dates	Run Weeks	Run Times		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Descri	ption	Avail	Copy ID	Qty	Item Cost	Page Total Cost
5/15/.	/2024 - 6/3/2024	All Weeks	Day Time		3	3	3	3	3	-		15	:20	Spot		Type				
Cale	ndar Month Projec	cted Billing:										15	.30	Spot				42	7.00	294.00
	Apr-24		0.00	May-2	4			273.0	00			Jun-24			21.00	0		Q2-2024		294.0
onfirm	and Correct D																			
onfirm	ned Correct; P	ayment Gua	aranteed					—Acc	cept	ed fo	r KJ.	JM			_					