

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, PCA, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Ken King

Authorized committee:

Ken King for State Representative

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Texas House District 88

Date of election:

3/1/22

General

Primary

Treasurer of candidate's authorized committee:

Mrs. Robin R. King

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>Phil Cunningham</i>	Signature: <i>Gerald Reid</i>
Name: Phil Cunningham	Name: <i>GERALD Reid</i>
Date of Request to Purchase Ad Time: 01/31/22	Date of Station Agreement to Sell Time: <i>2/1/22</i>

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: 2-22-22

Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).

this form is only for a change of spot, not a new purchase.

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 #: 4418811 Station Call Letters: KACT FM Date Received/Requested: 2-22-22

Est. #: 2014 Station Location: Andrews, TX Run Start and End Dates: 2-23-22 / 2-25-22

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.

*This form is not a new purchase of time.
This form is for a change of recorded spots
This form is for the spot "King Chisum Radio"
2022 Revised*

P.O. Box 524
 2125 N. Highway 385
 Andrews, TX 79714
 (432) 523-2845

KACT AM/FM
 Andrews Broadcasting Company Inc.,
 Service Order
 KACT AM KACT FM

Order Date: 2-1-22
 # 389
 Cart # 1406

SEND INVOICE TO: (Check One) Client Agency
 CLIENT Ken King for State Rep.
 AGENCY Media Fin. Services
 ADDRESS 1655 Palm Beach Lakes Blvd.
9th Floor - Ste 903
West Palm Beach, FL 33401
 Phone Number: _____

NAT'L
 REG.
 LOCAL
 POL.
 S.B.C.

FIRST BROADCAST 2-2-22
 LAST BROADCAST 2-25-22
 PRODUCT For State Rep
 SPONSORED Distr 88.
 NO. OF AFFIDAVITS _____
 COPY REQUIRED _____
 SALES MAN Dennis

Cart 1406

Type and Length	Time	SUN	MON	TUE	WED	THU	FRI	SAT	Unit Cost	Extension
60 Sec WK1	6 ^a -10 ^a				2 ²	2 ³	3 ⁴		5.00	185.00
WK2	6 ^a -10 ^a		2	2	2	2	2			
WK3			2	2	2	2	2			
WK4			2	2	2	2	2 ²⁵			

Part on invoice! Contract # 4418811 | 37x
 Product: Est 2014 2/2-3/1 TX HD 88
 Order # 13193276

WEEKLY COST OF ABOVE (_____ weeks)
 OTHER CHARGES _____
 - 30% Agt + Rep Comm. - 55.50
 TOTAL COST 129.50

Type and Length	Time	SUN	MON	TUE	WED	THU	FRI	SAT	Unit Cost	Extension

WEEKLY COST OF ABOVE (_____ weeks)
 OTHER CHARGES _____
 TOTAL COST _____

Ordered by: Roger Rolson

Andrews Broadcasting Co., and its stations do not discriminate in advertising contracts based on race, gender, or ethnicity. Any provision in any order or agreement for advertising that purports to discriminate based on race, gender or ethnicity, even if handwritten, typed or otherwise made a part of a particular contract, is hereby rejected.

P.O. Box 524
 2125 N. Highway 385
 Andrews, TX 79714
 (432) 523-2845

KACT AM/FM
 Andrews Broadcasting Company Inc.,
 Service Order
 KACT AM KACT FM

Order Date: 2-1-22
 # 448
 Cart # 1406

SEND INVOICE TO: (Check One) Client Agency

CLIENT Ken King for State Rep
 AGENCY Co Media Financial Services
 ADDRESS 1655 Palm Beach Lakes Blvd.
9th Floor - Ste 903
West Palm Beach, FL 33401
 Phone Number: _____

NAT'L
 REG.
 LOCAL
 POL
 S.B.C.

FIRST BROADCAST 2-28-22
 LAST BROADCAST 3-1-22
 PRODUCT For State Rep.
 NO. OF AFFIDAVITS _____
 COPY REQUIRED _____
 SALES MAN Gene

Cart 1406

Type and Length	Time	SUN	MON	TUE	WED	THU	FRI	SAT	Unit Cost	Extension
60 sec	wk 569/10 ⁰⁰		1	2					5.00	15.00

AM FM COMBO

Put on invoice: Contract # 4418811
 Prod! Sat 2014 2/2-3/1 TX HD 88
 Order #: 3193276

3X

WEEKLY COST OF ABOVE (_____ weeks)	
OTHER CHARGES	
-30% Agt Replm	- 4.50
TOTAL COST	10.50

Type and Length	Time	SUN	MON	TUE	WED	THU	FRI	SAT	Unit Cost	Extension

WEEKLY COST OF ABOVE (_____ weeks)	
OTHER CHARGES	
TOTAL COST	

Ordered by: Roger Ratson