## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and char	ges. See Invoice for actual schedule and charges.
, Joey Parr	, hereby request station time as follows:
	, noteby request station time as follows:
IDENTIFY CANDIDATE TYPE	FEDERAL CANDIDATE
	STATE OR LOCAL CANDIDATE
ALL QUESTIONS/BL	OCKS MUST BE COMPLETED
Candidate name:	
Ken King	
Authorized committee:	
Ken King for State Representative	
Agency requesting time (and contact information):	
N/A Murphy Nasica & Associates	
Candidate's political party:	
Republican	
Office sought (no acronyms or abbreviations):	
Texas State Representative - House District 88	
Date of election:	General Primary
March 5, 2024	Triniary
Treasurer of candidate's authorized committee:	
Mrs. Robin R. King	TOTAL CONTRACTOR AND ADDRESS OF THE PARTY OF
The undersigned represents that:	
(1) the payment for the broadcast time requested has bee	n furnished by (check one box below):
the candidate listed above who is a legally qualified	d candidate, or
the authorized committee of the legally qualified committee	
(2) this station is authorized to announce the time as paid f	for by such person or entity; and
(3) this station has disclosed its political advertising policies and other sales practices (not applicable to federal cand	s, including applicable classes and rates, discount, promotion
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DIN THE PLACEMENT OF ADVERTISING.	DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature:	Signature: Assault As of
Joey Parr Date: 2024.02.12 17:40:23 -06'00'	i Junit But
Name: Joey Parr	Signature: Benningert Name: GERALD Reid
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: 2 - 14 - 2.4

to an opposing candidate or, if it does for a duration of at least four second the candidate approved the broadca broadcast or if radio programming, of	t the broadcast matter to be aired pursuant to be and a simultaneously displayed printed statest and that the candidate and/or the candidate and that the candidate and by the cates and that approved the broadcast.	oh or similar image of the candidate ement identifying the candidate, that ite's authorized committee paid for the
Candidate/Authorized Committ	ee/Agency	
Signature:		
atember in visit in the foresteen maken in the objected bloom well for day any make so the physical and		
Name:		
Date:		
	TO BE COMPLETED BY STATION C	DNLY
Ad submitted to Station?	Yes No Date ad received	
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	d (above): Yes No	N/A
Disposition: Accepted Accepted IN PART (e.g., ad of the Rejected – provide reason:	copy not yet received to determine sponsor II	D)*
*Upload partially accepted form, the	n promptly upload updated final form when o	complete.
Date and nature of follow-ups, if any	(e.g., insufficient sponsor ID tag):	8 millionere valet filmen de eur dezt. Eddichter filme des Estatos de bestaue dezt az proteste en eus eur dez s
Contract #: N/A	Station Call Letters: KACT FM	Date Received/Requested: 2-14-24 / 2-15-24
Est. #: N/A	Station Location: Andrews TX	Run Start and End Dates: 2-15-24 / 3-5-24
use this space to document schedule purchased or attach separately. If stat	or traffic system print-out) or other document of time purchased, when spots actually aired ion will not upload the actual times spots aire that information immediately should be place	s reflecting this transaction to the OPIF or , the rates charged and the classes of time ed until an invoice is generated, the name

P.O. Box 524 KACT AM/FM Order Date: 2125 N. Highway 385 Andrews Broadcasting Company Inc., # 2/85 Andrews, TX 79714 Cart# 1406 Ready Service Order (432) 523-2845 KACT AM KACT FM SEND INVOICE TO: (Check One) Client Agency 7 BROADCAST 2-15-2 NATL CLIENT REG. BROADCAST 2 -2 SPONSORED For LOCAL NO. OF **AFFIDAVITS** COPY REQUIRED Phone Number: SALES MAN AM [ FM M COMBO [ Type and Length Time SUN MON TUE WED THU FRI SAT Unit Cost Extension bosec 187,20 WEEKLY COST OF ABOVE ( OTHER CHARGES Type and Length Time SUN MON TUE WED THU FRI SAT Unit Cost Extension

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 it handwritten, typed or otherwise made a part of a particular contract, is hereby rejected.

Ordered by:

WEEKLY COST OF ABOVE (

TOTAL COST

OTHER CHARGES

P.O. Box 524 KACT AM/FM Order Date: 2125 N. Highway 385 Andrews Broadcasting Company Inc., Andrews, TX 79714 Service Order Cart # 1406 Ready (432) 523-2845 **KACT AM** KACT FM SEND INVOICE TO: (Check One) Client Agency 12 FIRST BROADCAST 2-2 NAT'L CLIENT REG. BROADCAST AGENCY PRODUCT SPONSORED State LOCAL **ADDRESS** NO. OF **AFFIDAVITS** S.B.C. COPY REQUIRED Phone Number: \_\_ SALES MAN\_ Service FM V COMBO [ Type and Length Time SUN MON WED THU SAT **Unit Cost** Extension 2 WEEKLY COST OF ABOVE ( OTHER CHARGES TOTAL COST Type and Length Time SUN MON TUE WED THU FRI SAT **Unit Cost** Extension WEEKLY COST OF ABOVE ( weeks) OTHER CHARGES Ordered by: TOTAL COST

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