

ORDER

Orders	Order / Rev:	2042150	
	Alt Order #:		
	Product Desc:	AM22-014	
	Estimate:		
	Flight Dates:	02/03/22 - 02/08/22	Primary AE: Dallas House
	Original Date / Rev:	02/02/22 / 02/02/22	Sales Office: L-DAL
	Order Type:	GENERAL	Sales Region: Local
Dallas Texas State Net			
Agency	Name:	StateNets	
	Buying Contact:	David Martin	Billing Type: Cash
	Billing Contact:		Billing Calendar: Broadcast
		17911 Harwood Ave	Billing Cycle: EOM/EOC
		Homewood, IL 60430	Agency Commission: 15%
Advertiser	Name:	Glenn Hegar for Comptroller	
	Demographic:	M25-54	New Business Thru:
	Product Codes:	Candidates	Advertiser External ID: 209209
	Revenue Code 1:	AGY	Agency External ID: 4048452
	Revenue Code 2:	POL	Unit Code: Candidate -
	Revenue Code 3:	POL-CAND	Order Separation: 00:30:00
	Priority:	NON-PRE	

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
01/31/22	02/08/22	10	\$4,250.00	\$3,612.50

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
February 2022	10	\$4,250.00	\$3,612.50	0.00
Totals	10	\$4,250.00	\$3,612.50	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Dallas House	L-DAL	Local	Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	TSNAM	02/03/22	02/08/22	M-Sa 5a-7p Texas StateCM	CM	5a-7p	MT- TF- -	:30	5	\$425.00	NON-	0.00	NM	10	\$4,250.00
M-Sa 5a-7p Texas State Network															
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
		Week: 01/31/22	02/06/22	--- TF- -		5				\$425.00		0.00			
		Week: 02/07/22	02/13/22	MT- - - - -		5				\$425.00		0.00			
Totals														10	\$4,250.00

NETWORK SPOT CONTRACT



Date	2/1/22	Modification Date	
Contract #	AM22-014	Estimate #	

ADVERTISER

Advertiser	Glenn Hegar Campaign
Product	0
Agency	StateNets
Account Executive	Angie Martin
AE Phone	312-972-6219
AE Email	angiemartin@statenets.com
Address 1	2601 Northwind Drive
Address 2	-
City, State, ZIP	Richmond, VA 23233

BILLING INFORMATION

Contact Name	Carla Litton
Phone	708.990.3796
Email	carla@statenets.com
Address 1	48 Chiswick Cir
Address 2	-
City, State, ZIP	Bloomington, IL 61704

NETWORK INFORMATION

Network Ordered	TX Agri-Business
Account Executive	Angie Martin
ADV Code	PC

Contract Start	2/3/22	# of Weeks	1
Contract End	2/8/22		

MAKE CHECKS PAYABLE

StateNets
 2601 Northwind Drive
 Richmond, VA 23233

TERMS

Net 15

SPECIAL INSTRUCTIONS

0

ALL INVOICES & AFFIDAVITS

EMAILED - unless otherwise specified to carla@statenets.com

WEEKS OF	DAYS	TIMES	:60/:30	SPOTS/WEEK	TOTAL SPOTS	RATE	WEEKLY TOTAL \$
2/3-2/4 & 2/7-2/8	Thurs-Fri & Mon-Tues	5a-7p	:30	10	10	\$425.00	\$4,250.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00
				0	0	\$0.00	\$0.00

TOTAL SPOTS

SPOTS	10	TOTAL	\$4,250.00
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Jan	\$0.00	Apr	\$0.00
Feb	\$4,250.00	May	\$0.00
Mar	\$0.00	June	\$0.00

July	\$0.00	Oct	\$0.00
Aug	\$0.00	Nov	\$0.00
Sept	\$0.00	Dec	\$0.00

Authorized Client Signature

Authorized StateNets Signature

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, _____, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

☐

FEDERAL CANDIDATE

☐

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Authorized committee:

Agency requesting time (and contact information):

☐ N/A

Candidate's political party:

Office sought (no acronyms or abbreviations):

Date of election:

☐

General

☐

Primary

Treasurer of candidate's authorized committee:

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:

FlexPoint Media

Signature:

Mark Z...

Name:

Name:

Date of Request to Purchase Ad Time:

Date of Station Agreement to Sell Time:

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 ONLYAd 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 (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:

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 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.