

ORDER

Orders
Order / Rev: 2042150
 Alt Order #: _____
Product Desc: AM22-014
 Estimate: _____
Flight Dates: 02/03/22 - 02/08/22
Original Date / Rev: 02/02/22 / 02/02/22
Order Type: GENERAL

Dallas Texas State Net

Primary AE: Dallas House
Sales Office: L-DAL
Sales Region: Local

Agency
Name: StateNets
Buying Contact: David Martin
Billing Contact: _____
17911 Harwood Ave
Homewood, IL 60430

Billing Type: Cash
Billing Calendar: Broadcast
Billing Cycle: EOM/EOC
Agency Commission: 15%

Advertiser
Name: Glenn Hegar for Comptroller
Demographic: M25-54
Product Codes: Candidates
Revenue Code 1: AGY
Revenue Code 2: POL
Revenue Code 3: POL-CAND
Priority: NON-PRE

New Business Thru: _____
Advertiser External ID: 209209
Agency External ID: 4048452
Unit Code: Candidate -
Order Separation: 00:30:00

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		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

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:



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 ONLY

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 (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.