

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Sage Media Planning & Placement, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 



FEDERAL CANDIDATE



STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Charles Booker

Authorized committee:

Booker for Kentucky

Agency requesting time (and contact information):

☐ N/A Sage Media Planning & Placement

Candidate's political party:

Democrat

Office sought (no acronyms or abbreviations):

United States Senate

Date of election:

June 23 2020



General



Primary

Treasurer of candidate's authorized committee:

Donnie Adkins

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

Signature:

Michele Certo obo Sage Media Planning & Placement

Digitally signed by Michele Certo obo Sage Media Planning & Placement
Date: 2020.06.14 21:04:38 -04'00'

Name: Michele Certo

Date of Request to Purchase Ad Time:

Station Representative

Signature:



Name:



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:

Michele Certo obo Sage Media Planning & Placement

Digitally signed by Michele Certo obo Sage Media Planning & Placement
Date: 2020.06.14 21:17:16 -04'00'

Name: Michele Certo

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:

WBRT WOLY

Date Received/Requested:

6/22/20

Est. #:

Station Location:

Bardonia, Sp.

Run Start and End Dates:

6/23/20

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.

STATION:	WOKH-FM	ORDER#:	3173893	DATE:	06/22/2020
MARKET:	UM - Springfield, KY	AMOUNT:	\$272.00	AGENCY:	MEDIA FINANCIAL SERVICES
REP:	Regional Reps Non-Rep	SPOTS:	16		Invoices@MediaFinancial.com
MOD:	Stn Ver: 1 Last:				
SALES OFFICE:	PHILADELPHIA	SLS PH:	412 421 2600		
SALESPERSON:	Roger Rafson	SLS FAX:	412 421 6001		
SLS EMAIL:	Roger.Rafson@GenMediaPartners.com				
AGENCY:	MEDIA FINANCIAL SERVICES	AGY CLI:		CONTRACT # FOR INVOICING	4382410
ADVERTISER:	Booker for Kentucky	AGY PRD:		INVOICE:	MEDIA FINANCIAL SERVICES
PRODUCT:	Est 7569 6/23 ONLY Candidate	AGY EST:	7569		Invoices@MediaFinancial.com
FLIGHT:	06-23-2020 TO 6/23/2020	[X]Unwired []Spot []Mod			
TOT # OF DAYS:	1				
PRIM. DEMO:	Adults 35+	[X]Cash []Trade			
SEC. DEMO:		SPOT TYPE:		LAST SENT:	06/22/2020 12:57

COMMENTS

Source

[Rep Comment] 06/22/2020: This is a new order. Please confirm receipt of order in Radio Exchange (if you are set up) or by email at joyce.vordenbaum@genmediapartners.com (WITH CALL LETTERS IN SUBJECT LINE) within 24 hours. Thank you.
****PLEASE NOTE THAT MFS SHOULD RECEIVE PAYMENT FROM THE AGENCY ON THIS BUY VIA OVERNIGHT MAIL. MFS WILL THEN CUT YOU A CHECK AND WILL EMAIL YOU A COPY OF THE CHECK & TRACKING INFORMATION AS SOON AS POSSIBLE.****

****Formerly Mundy Katowitz Media****

Invoices are required: even for orders paid in advance. Proof of performance is required.

THIS IS AN UNWIRED NETWORK ORDER. SEND INVOICES ELECTRONICALLY OR TO INVOICES@MEDIA FINANCIAL.COM BY THE 3RD OF THE MTH AFTER THE BROADCAST MTH HAS AIRED. MFS ELECTRONIC INVOICES: RADIOINVOICES.COM: RI12580 OR 9912580; MARKETRON: 120873; SpotData: IDB#1828; EMEDIATRADE:EMT10263.

ONLY UPON PAYMENT FROM THE AGY WILL MFS REMIT TO STATION. PAYMENT TO STATION WILL BE PROCESSED WITHIN 7 DAYS AFTER RECEIPT FROM AGENCY.

By accepting and airing this schedule, station agrees to pay Regional Reps a sales commission equal to 15% of the agency gross in addition to the 15% agency commission.

DAY#1		6/23/2020 To 6/23/2020					TOT \$272.00			TOTAL SPOTS 16		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	1		.T.....	6:00AM	10:00AM	60	6/23/2020	6/23/2020	8	\$18	\$144	
	2		.T.....	10:00AM	3:00PM	60	6/23/2020	6/23/2020	8	\$16	\$128	

TOTAL	Jun											Total
SPOT	16											16
CASH	272.00											272.00
TOTAL	272.00											272.00



WOKH-FM Radio
106 South 3rd St.
Bardstown, KY 40004
(502) 348 3943

REGIONAL REPS
6505 ROCKSIDE ROAD
SUITE 200
CLEVELAND, OH 44131

WOKH Order Confirmation

OrderID: 1184-001

Sponsor: Booker for kentucky
Product: Booker for kentucky
Estimate/PO: 7659
AccountRep: House Accounts
BillingCycle: Broadcast Month
InvoiceType: Detail Notarized Affidavit
Run Dates: 6/23/2020 - 6/24/2020
Items Ordered: 16
Gross Amount: 272.00
Discounts: 0.00
Agency Commission: 0.00
Net Amount: 272.00

Scheduled Station(s): WOKH Booker for kentucky

Printed 6/22/2020 2:59:13 PM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 6/23/2020 - 6/24/2020	All Weeks	06:00 AM - 10:00 AM		8						8		Spot	AA		8	18.00	144.00
02 6/23/2020 - 6/24/2020	All Weeks	10:00 AM - 03:00 PM		8						8		Spot	AA		8	16.00	128.00
Broadcast Month Projected Billing:																	
Apr-20		0.00				May-20		0.00		Jun-20		272.00			Q2-2020		272.00

Confirmed Correct; Payment Guaranteed

Accepted for WOKH

WBRT
106 S 3RD ST
BARDSTOWN, KY 40004
502-348-3943

Merchant ID: 000000502344

Ref #: 0002

Phone Order

XXXXXXXXXX6202

Exp: 06/23

AMEX

Entry Method: Manual

Total:

\$ 369.60

06/23/20

17:07:40

Inv #: 000620

Appr Code: 160294

Apprvd: Online

Batch#: 000460

CVV2 Code: NOT PROCESSED P

PO #: 222

the designated time frame. Failure to do so can result in your funds

I agree to pay above total amount
according to card issuer agreement
(Merchant agreement if credit voucher)

X

Merchant Copy

THANK YOU COME AGAIN

cEntee

Express

n Beach Lakes Blvd #903

06/23

8/1/23

- CUSTOMER CODE: ---

COPY CARD NUMBER

INVOICE DETAIL

INVOICE NUMBER

INVOICE DATE

TOTAL AMOUNT

CIA

----- ~~XXXXXXXXXX~~

179.20

CIA

----- Booker

272 / 190.40