

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tammie Wingrove, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Woody Thrasher

Authorized committee:

Woody Thrasher for Governor 2020

Agency requesting time (and contact information):

N/A Mentzer Media Services / Tammie Wingrove 410-825-7034

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Governor

Date of election:

5/12/2020

General

Primary

Treasurer of candidate's authorized committee:

Ronald Stanley

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>Conrad G. Lucas</i>	Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Name: Conrad G. Lucas	Name:
Date of Request to Purchase Ad Time: 02/20/20	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.

ORDER

Orders
Order / Rev: 253765
Alt Order #: Contract #4378303 Order#3172067
Product Desc: Est 7636 3-23-3/29 PWTHR
Estimate: 7716
Flight Dates: 03/23/20 - 03/23/20
Original Date / Rev: 03/20/20 / 03/24/20
Order Type: COMM

WJLS-FM
Primary AE: Peggy Snuffer
Sales Office: BECKL
Sales Region: Local

Agency
Name: Media Financial Services
Buying Contact: Roger Rafson
Billing Contact: _____
1655 Palm Beach Lakes Blvd
West Palm Beach, FL 33401

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

Advertiser
Name: Woody Thrasher for Governor
Demographic: HH
Product Codes: PL02
Priority: ANPE
Revenue Code 1: AGY
Revenue Code 2: POL
Revenue Code 3: CAND

New Business Thru: _____
Order Separation: 00:15:00
Advertiser External ID: _____
Agency External ID: _____
Unit Code: General

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
02/24/20	03/23/20	3	\$120.00	\$102.00

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
March 2020	3	\$120.00	\$102.00	0.00
Totals	3	\$120.00	\$102.00	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Peggy Snuffer			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	WJLSF	03/23/20	03/23/20	M-F 6a-10a M-F 6a-10a	CM	6a-10a	21222--	1:00	9	\$40.00	ANPE	0.00	NM	2	\$80.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 03/23/20	03/29/20	2-----		2		\$40.00		0.00					
N 2	WJLSF	03/23/20	03/23/20	M-F 10a-3p M-F 10a-3p	CM	10a-3p	22221--	1:00	9	\$40.00	ANPE	0.00	NM	1	\$40.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 03/23/20	03/29/20	2-----		2		\$40.00		0.00					
	<u>Spot</u>	<u>Ch</u>	<u>Date Range</u>	<u>Description</u>		<u>Start/End Time</u>		<u>Weekdays</u>	<u>Length</u>	<u>Rate</u>	<u>Rtg</u>	<u>Type</u>			
	2	WJLSF	03/23/20-03/29/20	M-F 10a-3p		10a-3p		M-----	1:00	(\$40.00)	0.00	NM			
				<i>Credited</i>											
				[Order was cancelled]											
N 3	WJLSF	03/23/20	03/23/20	M-F 3p-7p M-F 3p-7p	CM	M-F 3p-7p	22222--	1:00	10	\$40.00	ANPE	0.00	NM	0	\$0.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 03/23/20	03/29/20	2-----		2		\$40.00		0.00					

Order / Rev: 253765
 Alt Order #: Contract #4378303 Order#3172067
 Flight Dates: 03/23/20 - 03/23/20

Advertiser: Woody Thrasher for Governor
 Product Desc: Est 7636 3-23-3/29 PWTHR
 Estimate: 7716
WJLS-FM

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>					<u>Spots/Week</u>	<u>Rate</u>		<u>Rating</u>			
Week:		03/23/20	03/29/20	2-----					2	\$40.00		0.00			
<u>Spot</u>	<u>Ch</u>	<u>Date Range</u>		<u>Description</u>		<u>Start/End Time</u>	<u>Weekdays</u>	<u>Length</u>		<u>Rate</u>		<u>Rtg</u>	<u>Type</u>		
1	VJLSF	03/23/20-03/29/20		M-F 3p-7p		M-F 3p-7p	M-----	1:00		(\$40.00)		0.00	NM		
Credited															
[Order was cancelled]															
2	VJLSF	03/23/20-03/29/20		M-F 3p-7p		M-F 3p-7p	M-----	1:00		(\$40.00)		0.00	NM		
Credited															
[Order was cancelled]															
													Totals	3	\$120.00

Vendor No.	Vendor Name	Checking Account No.	Check Number	Check Date	
RRR0146	WJLS-FM	POLITICALS	727240	3/24/2020	
Contract Number	Invoice Number	Broadcast Month	Invoice Amount	Commission	Amount Paid
WOODY THRASHER Message : 3/23-3/29	F CIA EST# 7716	3/01/2020	102.00	.00	102.00
			.00	.00	102.00

DO NOT CASH IF THIS DOCUMENT DOES NOT HAVE A LARGE FAINT IMAGE OF THE "SECURE DOCUMENT" SHIELD OVER A FADING PATTERN OF THE WORDS "SECURE DOCUMENT"

Media Financial Services
POLITICAL ACCOUNT
1655 PALM BEACH LAKES BLVD., STE 903
WEST PALM BEACH, FL 33401
(561) 227-0661

Check No. ~~727240~~ 727240

Valid only for 120 days from date of issue

PAY

PNCBANK
PNC Bank, N.A. 001
Florida
63-8419/2670

Date
3/24/2020

One Hundred Two and 00/100 Dollars

To the Order of

WJLS-FM
101 N KANAWHA STREET
4TH FLOOR
BECKLEY WV 25801-4715

Pay Exactly
\$ *****102.00

[Signature]
CHECKS OVER \$50,000.00 REQUIRE SECOND SIGNATURE

