

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:

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 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.



NH Family Radio, LLC
37 REDINGTON ROAD
CONCORD, NH 03301
603-225-5521
FAX 603-224-6400

WKXL Order Confirmation

OrderID: 1130-003

Sponsor: Messner for Senate
Product: Messner for Senate
Estimate/PO: est 236 ORDER#: 3179396 Inv#4392483
AccountRep: Janice Cyr
BillingCycle: End-of-Schedule
InvoiceType: Times/Rates
Run Dates: 10/27/2020 - 11/2/2020
Items Ordered: 24
Ordered Amount: \$312.00
-Agency Commission: -\$46.80
Net Amount: \$265.20

MEDIA FINANCIAL SERVICES
1675 PALM BEACH LAKES BLVD. SUITE 1000
WEST PALM BEACH, FL 33401

Scheduled Station(s): WKXL Messner for Senate -

Printed 10/26/2020 1:56:31 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 10/27/2020 - 11/2/2020	All Weeks	06:00 AM - 07:00 PM	2	2	1	1	2			8	:60	Spot		MESSNER	8	15.00	120.00
02 10/27/2020 - 11/2/2020	All Weeks	06:00 AM - 07:00 PM						8	8	16	:60	Spot		MESSNER	16	12.00	192.00
End-of-Schedule Projected Billing:																	
Oct-20	0.00	Nov-20				312.00			Dec-20			0.00		Q4-2020			312.00

Confirmed Correct; Payment Guaranteed

Accepted for WKXL-AM

NONDISCRIMINATION POLICY:WKXL and NH Family Radio, LLC does not discriminate in sale of advertising on the basis of race or ethnicity. Any provision in any order or agreement for advertising that purports to discriminate on the basis of race or ethnicity is void.