

<b>MARKET:</b>	Indianapolis, IN	<b>AMOUNT:</b>	\$3,220.00	<b>AGENCY:</b>	MEDIA FINANCIAL SERVICES
<b>REP:</b>	Non-Rep Local Focus	<b>SPOTS:</b>	60		1655 Palm Beach Lakes Blvd. Suite 903 WEST PALM BEACH, FL 33401
<b>MOD:</b>	Stn Ver: 1 Last:				
<b>SALES OFFICE:</b>	PHILADELPHIA	<b>SLS PH:</b>	412 421 2600		
<b>SALESPERSON:</b>	Roger Rafson	<b>SLS FAX:</b>	412 421 6001		
<b>SLS EMAIL:</b>	Roger.Rafson@GenMediaPartners.com				
<b>AGENCY:</b>	MEDIA FINANCIAL SERVICES	<b>AGY CLI:</b>		<b>CONTRACT # FOR INVOICING</b>	4336473
<b>ADVERTISER:</b>	Official Office of Cong.Todd Rokita	<b>AGY PRD:</b>		<b>INVOICE:</b>	MEDIA FINANCIAL SERVICES
<b>PRODUCT:</b>	10/8-10/21	<b>AGY EST:</b>			1655 Palm Beach Lakes Blvd. Suite 903 WEST PALM BEACH, FL 33401
<b>FLIGHT:</b>	10-08-2018 TO 10/21/2018	[X]Unwired [ ]Spot [ ]Mod			
<b>TOT # OF WEEKS:</b>	2				
<b>PRIM. DEMO:</b>	Adults 35+	[X]Cash [ ]Trade			
<b>SEC. DEMO:</b>		<b>SPOT TYPE:</b>		<b>LAST SENT:</b> 10/03/2018 17:39	

**COMMENTS**

10/03/2018: This is a new order. Please confirm in Radio Exchange (if you are set up) or by email at shanna.bustillos@genmediapartners.com TODAY \*PLEASE NOTE THAT WE SHOULD RECEIVE PAYMENT FROM AGENCY, OVERNIGHT. WE WILL THEN CUT YOU A CHECK AND WILL EMAIL YOU A COPY OF THE CK/TRACKING INFO AT THAT TIME.\*\*

Invoices must include the estimate number. Please include it in the product line.

THIS IS AN UNWIRED NETWORK ORDER. SEND AFFIDAVITS TO MFS AT THE ADDRESS ABOVE OR ELECTRONICALLY BY THE 3RD OF THE MTH AFTER THE BROADCAST MTH HAS AIRED. MFS ELECTRONIC INVOICES: RADIOINVOICES.COM: RI12580 OR 9912580; MARKETRON: 120873; Spot Data: 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.

Rates are gross. Stn will be billed by GMP for 15% commission on the net amount. Send invoices at the end of each broadcast mth and include both gross & net amts. Invoices must include date, time, ISCI code, & gross cost of each spot that aired. Post logs and affidavits can't substitute for invoices.

WEEK#1                      10/8/2018 To 10/14/2018                      WK TOT \$1,610.00                      WK TOTAL SPOTS 30

MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/WK	RATE	WEEKLY TOTAL
	1		MTWTF..	6:00AM	10:00AM	60	10/8/2018	10/12/2018	10	\$47	\$470
	2		MTWTF..	10:00AM	3:00PM	60	10/8/2018	10/12/2018	10	\$60	\$600
	3		MTWTF..	3:00PM	7:00PM	60	10/8/2018	10/12/2018	10	\$54	\$540



## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

**FEDERAL CANDIDATE**

**STATE/LOCAL CANDIDATE**

**To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3**

<b>Station and Location:</b> Various	<b>Date:</b>
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I, FlexPoint Media Inc,

being/on behalf of: Official Office of Congressman Todd Rokita,

a legally qualified candidate of the Republican

political party for the office of: Official Office Use

in the \_\_\_\_\_

election to be held on: \_\_\_\_\_

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

**Attach proposed schedule with charges (if available):**

I represent that the payment for the above described broadcast time has been furnished by:

Official Office of Congressman Todd Rokita - 230 N 4th street, Lafayette In, 47901

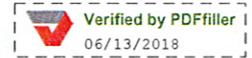
and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional 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.**

**To Be Signed By Candidate or Authorized Committee**



6.13.2018

*Kegan R. Beran*

**Date**

**Signature**

**To Be Signed By Station Representative**

**Accepted**

**Accepted in Part**

**Rejected**

*[Handwritten Signature]*

*Randall Tyson TJ*

*P.O.S.*

**Signature**

**Printed Name**

**Title**