

AGREEMENT FORM FOR POLITICAL BROADCASTS

STATION and LOCATION (market) WYVK Date 10/28 2020

I, _____ (being) _____
 (on behalf of) _____

a legally qualified candidate of the _____ political party for the office of _____

in the _____ election to be held on _____ do hereby request station time as follows:

Length of Broadcast	Time of Day, Daypart, Rotation or Package	Days	Times Per Week	No. of Weeks	Rate
:30	7am-7pm				\$7.00

Station to attach copy of broadcast order confirmation before filing.

Date of First Broadcast <u>10/29/20</u>	Date of Last Broadcast <u>11/2/20</u>
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Total Charges: \$175⁰⁰

The broadcast time will be used by THOMAS MAYE S
 I represent that the payment for the above-described broadcast time has been furnished by:

THOMAS MAYE S

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing payment, if other than an individual person, is () a corporation; () a committee; () an association; or () other unincorporated group. The names and offices of the principal officers of the entity are:

I agree to indemnify and hold harmless the station from any damages or liability, including reasonable attorney's fees, that may ensue from the performance of the above-stated broadcasts. For the above-stated broadcasts, I also agree to prepare a script or transcription, which will be delivered to the station at least _____ (days) (hours) before the time of the scheduled broadcasts. *(Note: the two preceding sentences are not applicable if the candidate personally appears during the broadcast.)* The station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices. *(Note: The preceding sentence may be deleted).* The purchase of the time described herein is controlled, approved or authorized by the candidate or his/her authorized representative or committee. *(Note: The preceding sentence applies only to candidates for non-federal office.)*

Date: 10/28/20

X [Signature]
 Signature of Candidate Agent

Printed name of individual signing above _____

Accepted Rejected By: _____ Title: _____

This request, whether accepted or rejected, will be available for public inspection for a period of two years.

The Ohio Valley's Greatest Hits!



BROADCAST ORDER FORM

WYVK-FM
303 Eighth St.
Point Pleasant, WV 25550

Telephone: 304-675-2763 Fax: 304-675-2771

SALES REP: Dave Harris NEW : YES / NO CART: _____ ORDER #: _____

CLIENT: Thomas Mayes AGENCY/BILLING: _____

3011 KATHNOR LANE
PT PLEASANT, W.V. 25550

CONTACT: _____ CONTACT: _____

TELEPHONE: 304-871-6653 FAX: _____ TELEPHONE: _____ FAX: _____

POLITICAL CASH _____ TRADE _____ CALENDAR _____ BROADCAST _____ NOTARIZED AFFIDAVIT: YES / NO

PRODUCT: _____ MONTHLY BILLING: JAN _____ FEB _____ MAR _____

START DATE: _____ END DATE: _____ APR _____ MAY _____ JUNE _____ JULY _____ AUG _____

LENGTH: 30 COPY OF SCRIPT FOR CO-OP?: YES / NO SEPT _____ OCT _____ NOV _____ DEC _____

TOTAL # OF ANNOUNCEMENTS: _____ TOTAL CONTRACT COST: \$175 AGENCY COMM% _____

FLIGHT DATES	RATE	RUN TIMES	MON.	TUES.	WED.	THURS	FRI.	SAT.	SUN.
10/29-10/31						5	5	5	5
11/1-11/2			5						

Positive Radio Group-OH, WYVK-FM, and all affiliated Stations do not discriminate in any way on the basis of race or gender with regard to its advertising practices. Customer hereby agrees to all terms and conditions of this agreement. Customer certifies that he/she/it has the power to make, deliver, and perform under this agreement, and, if customer is not an individual that the undersigned officer of customer is duly authorized to enter into this agreement for and on behalf of customer. Witness our hands and seals the day and date first written below. Both parties may cancel contract with two weeks written notice. Client agrees to pay interest if account is more than 30 days late. Client agrees to pay Attorney fees of 33% and any other fees charged if collection process is needed. **TO BE SUBMITTED FOR APPROVAL BY MANAGEMENT.**

Station Authorized Representative _____ Customer or other Duly Authorized Signature X

Date: _____ Customer Name (Please Print) _____ Title: _____