

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Stephanie Jackson, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Robert G. Montgomery

Authorized committee: Montgomery For Judge

Agency requesting time (and contact information):
 N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): 5th District Court of Appeals

Date of election: 3/19/2024 General Primary

Treasurer of candidate's authorized committee: Stephanie Jackson

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: <u>Stephanie Jackson</u>	Signature: <u>Amy Smith</u>
Name: <u>Stephanie Jackson</u>	Name: <u>Amy Smith</u>
Date of Request to Purchase Ad Time: <u>3/14/24</u>	Date of Station Agreement to Sell Time: <u>3/14/24</u>

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: 3/14/24

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 #: <u>63169</u>	Station Call Letters: <u>WSER</u>	Date Received/Requested: <u>3/14/24</u>
Est. #:	Station Location: <u>Dover OH</u>	Run Start and End Dates: <u>3/14/24 - 3/19/24</u>

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

63100

WJER

START ORDER

CUSTOMER NAME

Montgomery for Judge

CUSTOMER ADDRESS

AGENCY

AGENCY ADDRESS

EXACT TIMES

AGENCY COMMISSION

REP

AFFO

SPONSORSHIP

SALESPERSON #

TYPE OF ANNOUNCEMENT

BROADCAST CALENDAR

COPY

CONTRACT

CART # 1102 TAPE

LIVE

TAG

REMOTE

PRODUCT CODES

/

LENGTH

30

CO-OP NAME

BEGIN DATE

3/14/24

END DATE

3/19/24

BEGIN TIME	END TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	COST	WEEK#
6a	7p	14	8		14	14	5	5	9.35	

TOTAL SPOTS

60

TOTAL AMOUNT \$

561

SALESPERSON SIGNATURE

[Handwritten Signature]

DATE ORDER WRITTEN

SPECIAL INSTRUCTIONS

X

DATE

SCHEDULE APPROVED AND AUTHORIZATION TO AIR

Program: _____
Talent \$ _____
B/F \$ _____
Engineer \$ _____
Other \$ _____
Total \$ _____