

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Jackie Sommers, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS BLOCKS MUST BE COMPLETED

Candidate name: Representative Melinda Gibbons Prewitt

Authorized committee: Prewitt for STATE Rep

Agency requesting time (and contact information):

N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): STATE Representative

Date of election: 11-03-20 General Primary

Treasurer of candidate's authorized committee: Jackie Sommers

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.

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>Jackie Sommers</u> Name: <u>Jackie Sommers</u>	Signature: <u>Cindy Watts</u> Name: <u>Cindy Watts</u>
Date of Request to Purchase Ad Time: <u>10-23-2020</u>	Date of Station Agreement to Sell Time: <u>10/23/2020</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 ONLYAd submitted to Station? Yes NoDate ad received: 10-23-2020Federal 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 (optional):

*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:

WTTN-FM

Date Received/Requested:

10-23-20

Est. #:

Station Location:

MADISONVILLE

Run Start and End Dates:

10/26 thru 11/3/2020

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.

Insertion Order

Stations / Region	Account Executive	Cindy Watts	Date
Customer/Client	WTTT-FM 47.1	WTTT-AM	WPKY
Contact	MELINDA PRUNTY	PHONE:	
Order Description	JACKIE	Product	
Rate or Package Bill	Package Name	PO #	
Co-op	Scripts Attached	Scripts sent separate	

TRAFFIC ROTATION

System #	SPOT TITLE	Start Date	End Date	Length	Rotation

Schedule

Station	Start Date	End Date	Length	Daypart	M	T	W	Th	F	Sa	Su	Spot Total	Rate	TOTAL \$
WTTT-FM	10-26-20	11-2-20	60	6A-7P	3			3	3			24	\$ 13.55	\$ 327.60
WTTT-FM	11-3-20	11-3-20		6A-5P		3								#VALUE!
														#VALUE!
														#VALUE!
														#VALUE!
														#VALUE!
														#VALUE!

Total Spots @		# of days per month		Total	#VALUE!
Package Bill				Total	
Contract Total					

Sales Manager Approval: _____

Account Executive Signature: CINDY WATTS

Date: 10/23/20

Client Signature: _____

Date: _____