

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Bill Cost Jr., hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Bill Cost Jr.

Authorized committee:

Bill Cost Jr. for Council at Large

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

Newark City Council at Large

Date of election:

November 7th, 2023

General

Primary

Treasurer of candidate's authorized committee:

Bill Cost Jr.

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

Signature:

Name: Bill Cost Jr.

Date of Request to Purchase Ad Time: 09/22/2023

Station Representative

Signature:

Name: Tom Medors

Date of Station Agreement to Sell Time: 09/22/2023

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: 09/22/2023

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 (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 #: 14932	Station Call Letters: WNKO/WHTH	Date Received/Requested: 09/22/2023
Est. #: N/A	Station Location: 1000 N.40th St. Newark OH 43055	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.

Schedule attached

WHTH WNKO Proposal

1000 N. 40th Street
P.O. Box 1057
Newark, Oh 43058-1057

Phone : 7405228171

Date : 9/22/2023

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Client:

**BILL COST JR FOR COUNCIL
786 WEST MAIN STREET
NEWARK, OH 43055**

Order information

Start Date : 10/09/23
End Date : 10/29/23
Date Sold : 09/22/23

Order : 14932

Comments :

WNKO-WHTH radio advertising contracts do not discriminate On the basis of race or ethnicity.

Order Desc : ANNOUNCEMENTS

Est Num :

Campaign : NEWARK CITY COUNCIL AT LARGE

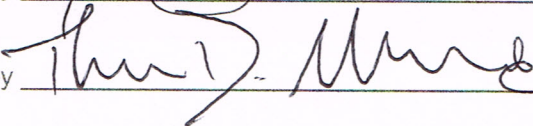
Billing Instruction : CALENDAR TM

Quan : 12 Total Investment : \$300.00

Schedule

Station	Week of	M	T	W	T	F	S	S	Type	Len	Rate	Schedule
WNKO	10/09/23			3	3				CM	30	\$25.00	06:00:00A-09:00:00A
WNKO	10/23/23			3	3				CM	30	\$25.00	03:00:00P-06:00:00P

Accepted by  (For Client)

Accepted by  (For Station)