

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Koshy Thomas, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Koshy O Thomas

Authorized committee:

Koshy Thomas for New York

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democrat

Office sought (no acronyms or abbreviations):

New York City Council District 23

Date of election:

June 22, 2021

General

Primary

Treasurer of candidate's authorized committee:

John Thomas

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.**

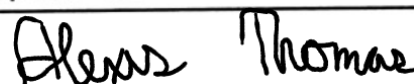
Candidate/Committee/Agency

Station Representative

Signature:



Signature:



Name: Koshy O Thomas

Name: Alexis Thomas

Date of Request to Purchase Ad Time: May 18, 2021

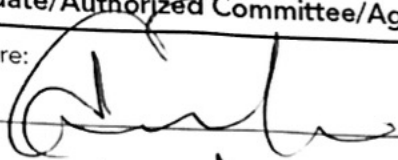
Date of Station Agreement to Sell Time: 5/20/2021

**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:

5/18/21

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No

Date ad received: \_\_\_\_\_

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 #: 1789217	Station Call Letters: WINS-AM and WNEW-FM HD3	Date Received/Requested: 5/20/21
Est. #: 1	Station Location: New York, NY	Run Start and End Dates: 5/25-5/30/21

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

**Orders**  
**Order / Rev:** 1789217  
 Alt Order #:  
**Product Desc:** city council  
**Estimate:** 1  
**Flight Dates:** 05/25/21 - 05/30/21  
**Original Date / Rev:** 05/21/21 / 05/21/21  
**Order Type:** GENERAL

**New York WINS-AM**  
**Primary AE:** Michael Goldberger  
**Sales Office:** L-NY  
**Sales Region:** Local

**Agency**  
**Name:** Koshy Thomas for New York  
**Buying Contact:** Mr. Soloman  
**Billing Contact:** Mr. Soloman  
 4 Hillside Blvd  
 New Hyde Park, NY 11040

**Billing Type:** Cash  
**Billing Calendar:** Broadcast  
**Billing Cycle:** EOM/EOC  
**Agency Commission:** 0%

**Advertiser**  
**Name:** Koshy Thomas for New York  
**Demographic:** M25-54  
**Product Codes:** Candidates  
**Revenue Code 1:** DIR  
**Revenue Code 2:** POL  
**Revenue Code 3:** POL-CAND  
**Priority:** FULL

**New Business Thru:**  
**Advertiser External ID:** 204480  
**Agency External ID:** 183377  
**Unit Code:** Candidate -  
**Order Separation:** 00:45:00

**Bill Plan**

Start Date	End Date	# Spots	Gross Amount	Net Amount
04/26/21	05/30/21	17	\$925.00	\$925.00

**Totals**

Month	# Spots	Gross Amount	Net Amount	Rating
May 2021	17	\$925.00	\$925.00	0.00
<b>Totals</b>	<b>17</b>	<b>\$925.00</b>	<b>\$925.00</b>	<b>0.00</b>

**Account Executives**

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Michael Goldberger	L-NY	Local	Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	WINS	05/25/21	05/30/21	M-F 7p-12a M-F 7p-12m	CM	7p-12m	- TWTF - -	:30	5	\$105.00	FULL	0.00	NM	5	\$525.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 05/24/21	05/30/21	- TWTF - -		5		\$105.00		0.00					
N 2	WINS	05/25/21	05/30/21	M-Su 12a-5a M-Su 12a-5a	CM	12a-5a	- TWTFSS	:30	10	\$20.00	FULL	0.00	NM	10	\$200.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 05/24/21	05/30/21	- TWTFSS		10		\$20.00		0.00					
N 3	WINS	05/29/21	05/30/21	Sa-Su 5A-8P 5:00 AM-3:00 PM	CM	5:00 AM-3:00 PM (5:00 AM-3:00 PM)	- - - - - SS	1:00	2	\$100.00	FULL	0.00	NM	2	\$200.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 05/24/21	05/30/21	- - - - - SS		2		\$100.00		0.00					
													<b>Totals</b>	<b>17</b>	<b>\$925.00</b>