

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Jenny Low, 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: Jenny Low

Authorized committee: Jenny Low 2021

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

Candidate's political party:
Democratic Party

Office sought (no acronyms or abbreviations):
New York City Council

Date of election: June 22, 2021 General Primary

Treasurer of candidate's authorized committee:
Florea Si

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: | Signature: |
| Name: <u>Jenny Low</u> | Name: <u>Brandon White</u> |
| Date of Request to Purchase Ad Time: <u>6/18/21</u> | Date of Station Agreement to Sell Time: <u>6/18/21</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: 6/18

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>1014872</u> | Station Call Letters: <u>WKDM-AM</u> | Date Received/Requested: <u>6/18</u> |
| Est. #: | Station Location: <u>NEW YORK</u> | Run Start and End Dates: <u>6/21-6/22</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.

Sales Order

Station: WKDM-AM Buyer: _____
 Contract Name: JENNY LOW 2021A Tax Schedule: _____ (None)
 Contract#: 1014872 Agency Commission %: 0
 Start Date: 6/21/21 End Date: 6/22/21 Billing Cycle: Calendar
 Revenue Type: ADVERTISING SINO DIRECT Type: Cash Salesperson: 1755DLEE Comm %: 0
 Advertiser: JENNY LOW 2021 Makegood Policy: Within Contract Dates
 Address: PO Box 130171
 City: New York City State: NY Zip: 10013
 Product Name: VOTE
 Competitive Code: POLITICAL

| No | DATES | | Alt wks | TIMES | | LEN | DISTRIBUTION | | | | | | | | RATE | TOTALS | | PTY | | |
|----|---------|---------|------------|----------|----------|-----|--------------|---|---|---|---|----|----|--------|------|--------|-------|-----|--------|---|
| | START | END | | START | END | | M | T | W | T | F | SA | SU | Per Wk | | D/W | SPOTS | | \$\$ | |
| 1 | 6/21/21 | 6/22/21 | | 7:00 AM | 8:00 AM | 30 | 1 | 1 | | | | | | | 2 | D | 56.00 | 2 | 112.00 | 3 |
| 2 | 6/21/21 | 6/22/21 | | 8:00 AM | 9:00 AM | 30 | 1 | 1 | | | | | | | 2 | D | 56.00 | 2 | 112.00 | 3 |
| 3 | 6/21/21 | 6/22/21 | | 9:00 AM | 10:00 AM | 30 | 1 | 1 | | | | | | | 2 | D | 56.00 | 2 | 112.00 | 3 |
| 4 | 6/21/21 | 6/22/21 | | 10:00 AM | 11:00 AM | 30 | 1 | 1 | | | | | | | 2 | D | 56.00 | 2 | 112.00 | 3 |

Billing Projections: By Month

Jun 21
 CA 448.00
 ST 448.00

- Print Spot Prices
- Co-op Required

TOTAL SPOTS 8
 GROSS TOTAL \$ 448.00
 ADJUSTED SPOTS 8
 ADJUSTED TOTAL \$ 448.00

APPROVE DECLINE

- General Manager
- Sales Manager
- National Sales Manager
- Local Sales Manager