

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, DAO YIN, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

DAO YIN

Authorized committee:

DAO YIN for NYC

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

New York City Council District 20

Date of election:

General:

Primary

Treasurer of candidate's authorized committee:

TOM KAON

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>Dao Yin</u>	Name: <u>Brandon Worts</u>
Date of Request to Purchase Ad Time: <u>6/7</u>	Date of Station Agreement to Sell Time: <u>6/7</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: Dao Yin

Date: 06/08/21

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 6/7

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>1014810</u>	Station Call Letters: <u>WKDH-AM</u>	Date Received/Requested: <u>6/7</u>
Est. #:	Station Location: <u>New York City</u>	Run Start and End Dates: <u>6/8 - 6/21</u>

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIE 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 OPIE.

Sales Order

Station: WKDM-AM Buyer: _____
 Contract Name: DAO YIN FOR NY-01 Tax Schedule: _____ (None)
 Contract#: _____ 1014810 Agency Commission %: 0
 Start Date: 6/08/21 End Date: 6/21/21 Billing Cycle: Calendar
 Revenue Type: AIR TIME SINO DIRECT Type: Cash Salesperson: 1755TYU Comm %: 0
 Advertiser: DAO YIN FOR NEW YORK Makegood Policy: Within Contract Dates
 Address: 136-20 38AVE
STE 301-A RM106
 City: FLUSHING State: NY Zip: 11354
 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	6/08/21	6/21/21		7:00 AM	9:00 AM	30	1	1	1	1	1			5	D	56.00	10	560.00	3	
2	6/08/21	6/21/21		12:00 PM	2:00 PM	30	1	1	1	1	1			5	D	56.00	10	560.00	3	
3	6/08/21	6/21/21		6:00 PM	8:00 PM	30	1	1	1	1	1			5	D	56.00	10	560.00	3	

No	DATES		INVENTORY TYPE	ORDER BY	QTY	PRICING STRUCTURE	RATE	TOTAL
	START	END						
1	6/21/21	6/21/21	MONTHLY PACKAGES	Non Spot Item	1	Per Item	\$1,680.00	\$1,680.00

New / Revised-Canceled

Revenue Type: ADVERTISING SINO DIRECT
 Line Remark: MONTHLY BILLING
 Daypart: M-S 12:00 AM-12:00 AM

Billing Projections: By Month

	Jun 21
CA	1,680.00
ST	1,680.00

- Print Spot Prices
- Co-op Required

TOTAL SPOTS 30
 SPOT TOTAL \$ 1,680.00
 ALTERNATIVE REVENUE TOTAL \$ 0.00
 GROSS TOTAL \$ 1,680.00
 ADJUSTED SPOTS 30
 ADJUSTED TOTAL \$ 1,680.00

APPROVE DECLINE

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