

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Gigi Li, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Gigi Li

Authorized committee:

Gigi 2021

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

New York City Council, District 1

Date of election:

June 22, 2021

General

Primary

Treasurer of candidate's authorized committee:

Puichun Li

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: Puichun Li

Name:

Brandon Wontz

Date of Request to Purchase Ad Time: 6/11/2021

Date of Station Agreement to Sell Time:

6/11/21

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: 6/11/21

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>1014836</u>	Station Call Letters: <u>WKDH-AM</u>	Date Received/Requested: <u>6/11/21</u>
Est. #:	Station Location: <u>New York</u>	Run Start and End Dates: <u>6/14 - 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: GIGI 2021210611A-01 Tax Schedule: _____ (None)
 Contract#: _____ 1014836 Agency Commission %: 0
 Start Date: 6/14/21 End Date: 6/22/21 Billing Cycle: Calendar
 Revenue Type: ADVERTISING SINO DIRECT Type: Cash Salesperson: 1755DLEE Comm %: 0
 Advertiser: GIGI 2021 Makegood Policy: Within Contract Dates
 Address: 848 43RD STREET
APT. 24
 City: BROOKLYN State: NY Zip: 11232
 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	6/14/21	6/18/21		8:00 AM	10:00 AM	30	2	2	1	1	1			7	D	56.00	7	392.00	3	
2	6/21/21	6/22/21		9:00 AM	11:00 AM	30	1	1						2	D	56.00	2	112.00	3	
3	6/22/21	6/22/21		10:00 AM	11:00 AM	30		1						1	D	56.00	1	56.00	3	

Billing Projections: By Month

Jun 21
 CA 560.00
 ST 560.00

- Print Spot Prices
- Co-op Required

TOTAL SPOTS _____ 10
 GROSS TOTAL \$ _____ 560.00
 ADJUSTED SPOTS _____ 10
 ADJUSTED TOTAL \$ _____ 560.00

APPROVE DECLINE

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