

THE ZONE CORP WKIT/WZON/WZLO
Contract Confirmation
9/23/20

POL133 JOE BALDACCI
6 STATE STREET
BANGOR, ME 04401

User Code:
Contract Number: 28888 - Monthly
Page: 1
Salesrep: 8 KEN WOOD
Billing: Standard Broadcast
Affidavit: Dates & Times
Customer Type: POLITICAL
Contact: JOE BALDACCI

Item No.	Begin Date	End Date	Rate	Len	AM FM	Cart	--Spots/Day-- M T W T F S S							Schedule Range	Total Spots
1 Stations to Air WKIT FM	9/28/20	10/25/20	20.00	60		*	3	3	4	3	3			6:00a 10:00a	64
2 Stations to Air WKIT FM	9/28/20	10/25/20	20.00	60		*	3	3	4	3	3			10:00a 2:00p	64
3 Stations to Air WKIT FM	9/28/20	10/25/20	15.00	60		*						3	3	10:00a 7:00p	24
4 Stations to Air WKIT FM	10/26/20	11/01/20	20.00	60		*	4	4	4	4	4			6:00a 10:00a	20
5 Stations to Air WKIT FM	10/26/20	11/01/20	20.00	60		*	5	5	5	5	5			10:00a 2:00p	25
6 Stations to Air WKIT FM	10/26/20	11/01/20	15.00	60		*						4	4	10:00a 7:00p	8
7 Stations to Air WKIT FM	11/02/20	11/03/20	20.00	60		*	4	4						6:00a 10:00a	8
8 Stations to Air WKIT FM	11/02/20	11/03/20	20.00	60		*	4	5						10:00a 2:00p	9
9 Stations to Air WZON AM	10/03/20	10/31/20	5.00	60		*						4		10:00a 1:00p	20
Total Spots and Programs :						242	4,380.00								
Total of Monthly Billing :							0.00								
Total Charges for Contract:							4,380.00								

Amount

October 20 3,000.00
November 20 1,380.00



INVOICE #2131
SEPTEMBER 22, 2020

[illegible]

If you have any questions concerning this invoice, contact Rich Kimball at 991-0035 or richkimball@msn.com

THANK YOU FOR YOUR BUSINESS!

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.
I, Joseph Baldacci, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Joseph M. Baldacci

Authorized committee:

Joe Baldacci For State Senate Committee

Agency requesting time (and contact information):

☒

N/A

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

State Senate - ME - District 9

Date of election:

Nov 3, 2020

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

Eugene M. Sullivan, Jr. Sec

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:

Joseph M. Baldacci

Signature:

Ken Wood

Name:

Name:

Ken Wood

Date of Request to Purchase Ad Time:

9/23/20

Date of Station Agreement to Sell Time:

9/23/20

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:

Joseph M. Baldacci

Name:

Joseph M. Baldacci

Date:

*9/23/2020***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 #:

28888

Station Call Letters:

WKIT & WZON

Date Received/Requested:

9/23/20

Est. #:

Station Location:

Bangor, ME

Run Start and End Dates:

9/28 - 11/3/20

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.