

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tracy D. Evans, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Tracy D. Evans

Authorized committee:

Committee to Elect

Agency requesting time (and contact information):

☒ N/A

Candidate's political party:

INDEPENDANT

Office sought (no acronyms or abbreviations):

PIKE SHERIFF'S OFFICE

Date of election:

NOV. 3

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

SUSAN CARRICO

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>Tracy D. Evans</u>	Name: <u>Tracy D. Evans</u>
Date of Request to Purchase Ad Time: <u>10/1/20</u>	Date of Station Agreement to Sell Time: <u>10-1-2020</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:

10-2-2020

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 Enal form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #:

N/A

Station Call Letters:

WXIZ

Date Received/Requested:

10-1-2020

Est. #:

N/A

Station Location:

WLAVER 19, OH

Run Start and End Dates:

10-5-2020 - 11-3-2020

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.



(740) 947-2166

P.O. Box 227

(740) 947-4600 Fax

Zip 45690

**"Radio Advertising  
Doesn't Cost -  
It Pays"**

**WX1Z-100.9FM**

**Waverly, Ohio**

AM \_\_\_\_\_ FM ☒

ACCOUNT # 12131

MONTH OF ORDER Oct

ACCOUNT (AS LOGGED)

PRODUCT Spots

DATE OF ORDER 10-1-2020

START DATE 10-5-2020

END DATE 11-3-2020

**BILLING ADDRESS**

TRACY D. EVANS

252 ZAHNS ST.

WAVERLY, OH 45690

AGENCY \_\_\_\_\_

DIRECT ☒

John Largent

SALESPERSON

LENGTH OF SPOT :30

PRODUCTION INFORMATION

JL

SUNDAY	SUNDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<u>2</u> <u>5</u>	<u>2</u> <u>6</u>	<u>2</u> <u>7</u>	<u>2</u> <u>8</u>	<u>2</u> <u>9</u>	
	<u>3</u> <u>12</u>	<u>3</u> <u>13</u>	<u>3</u> <u>14</u>	<u>3</u> <u>15</u>	<u>3</u> <u>16</u>	
	<u>4</u> <u>19</u>	<u>4</u> <u>20</u>	<u>4</u> <u>21</u>	<u>4</u> <u>22</u>	<u>4</u> <u>23</u>	
	<u>4</u> <u>26</u>	<u>4</u> <u>27</u>	<u>4</u> <u>28</u>	<u>4</u> <u>29</u>	<u>4</u> <u>30</u>	
	<u>5</u> <u>3</u>	<u>5</u> <u>3</u>				

ADDITIONAL INSTRUCTIONS ROS 6am-10pm M-F

TOTAL # OF SPOTS 75

RATE \$6.00

ADDITIONAL FEES \_\_\_\_\_

TOTAL AMOUNT \$450.00

☒ AFFIDAVITS

☒ DUPLICATE INVOICE

☐ CO-OP \_\_\_\_\_

☒ TIMES

ADVERTISER'S APPROVAL

PHONE NUMBER

740-708-6504

**MONTHLY TOTALS**

JAN.

FEB.

MAR.

APR.

MAY

JUN.

JULY

AUG.

SEPT.

OCT.

NOV.

DEC.

CONTRACT YEAR 2020

SPOTS USED TO DATE

WXIC/WXIZ/WXZQ IF AN EQUAL OPPORTUNITY BUSINESS  
AND ITS ADVERTISING POLICY DOES NOT DISCRIMINATE IN  
ANY WAY ON THE BASIS OF RACE OR ETHNICITY



Phone:  
(740) 947-2166

**Due and Payable 10 Days  
After Date Received**

g. L. L.

LAST FIGURE ABOVE  
BALANCE DUE NET