

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tony Montgomery, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Tony Montgomery

Authorized committee:

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Commissioner

Date of election:

11/3/2020

General Primary

Treasurer of candidate's authorized committee:

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: <u></u>	Signature: <u></u>
Name: <u>Tony Montgomery</u>	Name: <u>TIM. HUGHES</u>
Date of Request to Purchase Ad Time: <u>10/12/2020</u>	Date of Station Agreement to Sell Time: <u>10/12/2020</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: Tony Montgomery

Date: 10/12/2020

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 10/12/2020

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 final form when complete.

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

Contract #:	Station Call Letters: <u>WY12-PM</u>	Date Received/Requested: <u>10/12/2020</u>
Est. #:	Station Location: <u>Waverly, Ohio</u>	Run Start and End Dates: <u>10/14/2020-10/23/2020</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.

(740) 947-2166
 (740) 947-4600 Fax

P.O. Box 227
 Zip 45690

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

WXIZ-100.9FM
Waverly, Ohio

AM _____ FM

ACCOUNT #	127	MONTH OF ORDER	Oct.
ACCOUNT (AS LOGGED)	Montgomery For A Better Pike County		
PRODUCT	Political		
DATE OF ORDER	10/12/2020	START DATE	10/14/2020
		END DATE	10/23/2020

BILLING ADDRESS
 Montgomery For A Better Pike County

AGENCY _____
 DIRECT h.m. SALESPERSON
 LENGTH OF SPOT 30
 PRODUCTION INFORMATION TM

SUNDAY	SUNDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			4 14	5 15	5 16	4 17
18	5 18	5 20	4 21	5 22	5 23	24

ADDITIONAL INSTRUCTIONS
6AM- 7pm

TOTAL # OF SPOTS 42
 RATE \$6.00
 ADDITIONAL FEES 0
 TOTAL AMOUNT \$252.00

AFFIDAVITS DUPLICATE INVOICE
 CO-OP _____ TIMES

ADVERTISER'S APPROVAL
[Signature]
 PHONE NUMBER
740-352-0706

MONTHLY TOTALS

JAN.	JULY
FEB.	AUG.
MAR.	SEPT.
APR.	OCT.
MAY	NOV.
JUN.	DEC.

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

CONTRACT YEAR _____ SPOTS USED TO DATE _____



WXIC AM / WXIZ FM

P.O. Box 227
Waverly, OH 45690

Phone:
(740) 947-2166

Montgomery for a Better Pipe Co.

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

DATE	REFERENCE	PROGRAMS	ANNC.	UNIT COST	CHARGES	CREDITS	BALANCE
10-14-20						CK# 106 \$252.00 D. Davis	
	Paid on Tel. Acct.						

CERTIFICATE OF PERFORMANCE - This is to certify that radio station WXIC, WXIZ, broadcast the services enumerated above, and that the invoice is in accordance with official logs.

LAST FIGURE ABOVE
BALANCE DUE NET