## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.		
Buying Time Media, LLC	, hereby request station time as follows:	
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE  STATE OR LOCAL CANDIDATE		
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED	
Candidate name:		
Jon Ossoff		
Authorized committee:		
Jon Ossoff for Senate		
Agency requesting time (and contact information):		
N/A 650 Massachusetts Ave. Suite 210 N.W. Washington D.C. 20001		
Candidate's political party:		
Democratic		
Office sought (no acronyms or abbreviations): United States Senate		
Date of election: 11/3/20	General Primary	
Treasurer of candidate's authorized committee:	enter entre en	
Steven Mele		
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:  Juf Idu  Name:  Jun Habih	
Name: Cathie Herrick	Name: In Habit	
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: 10 200 200	

Candidate/Authorized Committee/Agency  Signature:  Name: Joh Ossoff  Date: 4/17/2020  **TOJERGOMPLETED BY STATION ONLY*  Ad submitted to Station? Yes No Date ad received: 10/0 (1/20)  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 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):  15 16 (c ( i i i i i i i i i i i i i i i i i	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.		
Name: John Ossoff  Date: 4/17/2020  **TOBEGOM/RESTED(EY STATION) ON IN/A**  Ad submitted to Station?	Candidate/Authorized Committee/A	Agency	
TOBECOMPLETED BY STATIONIONIY  Ad submitted to Station? Yes No Date ad received: 10/0 (1/20)  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 Accepted Accepted Accepted Form, then promptly upload updated final form when complete.  Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):  1516(e(4) 8(e/1510(e/16/84/1516(e/16/14/14/1516(e/16/14/14/14/14/14/14/14/14/14/14/14/14/14/	Signature: MMS		
TOBEGOMRIETED(BY STATIONION)  Ad submitted to Station? Yes No Date ad received: 10/0 4/20  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):  1516(4 1 4 8 6/1510 6 4 6 8 4/1510 6 1	Name: Jon Ossoff		
Ad submitted to Station? Yes No Date ad received: 10/0/120  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):  1516(6/16/86/1510/66/16/84/1510/66/16/96/16/84/1510/66/16/84/1510/66/16/84/1510/66/16/84/1510/66/16/96/16/84/1510/66/16/96/16/96/16/96/16/96/16/96/96/96/96/96/96/96/96/96/96/96/96/96	Date: 4/17/2020		
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):  1516@6168@/1510@6168Y/1510@6168Y/1510@61671  Contract #:  Station Call Letters:  WTLS/WALV/WY KZ/WSW/WLWH/W WBT  Est. #:  Station Coalion:  Run Start and End Dates:  Wannah, and Start and End Dates:  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:	πo	BECOMPLETED BY STATION OF	<b>NY</b>
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):  IS 10 (c 1 to 8 (c 1 to 10 to	Ad submitted to Station? Yes	No Date ad received:	10/24/20
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):  1510@(108@/1510@108Y/1510@108Y/1510@107/151	Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).		
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):  1516@(1686/1510@1084/1510@1	Federal candidate certification signed (ab	oove): Yes No	N/A
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):    Station Call Letters:   Date Received/Requested:   WTLS   WALV   WY VZ   WOW   WWH   W WBT	Accepted  Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*		
Station Call Letters:   Date Received/Requested:   WTLS/WALV/WY WZ/WSW /WWH/W QBT	*Upload partially accepted form, then pro	omptly upload updated final form when co	omplete.
Station Call Letters:    Date Received/Requested:   WTILS   WALV   WY WZ   WWH   W WH   W W W   W W W W	Date and nature of follow-ups, if any (e.g.	., insufficient sponsor ID tag):	
Station Call Letters:    Date Received/Requested:   WTILS   WALV   WY WZ   WWH   W WH   W W W   W W W W	1510661686/1510661685	1/1510661679/15106616	176/15/2641473/151066167
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.		Station Call Letters:	Date Received/Requested:
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1.73	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		
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344 81264 344 81186			