

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Dora Patzkowski, hereby request station time as follows:

**IDENTIFY CANDIDATE TYPE**

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Dora Patzkowski

Authorized committee:

Dora Patzkowski

Agency requesting time (and contact information):

N/A

Candidate's political party:

n/a

Office sought (no acronyms or abbreviations):

Cherokee Nation <sup>TC</sup> District 12

Date of election:

June 3

General

Primary

Treasurer of candidate's authorized committee:

Dora Patzkowski

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

Signature:

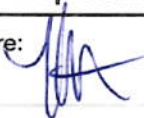


Name: Dora Patzkowski

Date of Request to Purchase Ad Time: 5.23.2023

#### Station Representative

Signature:



Name: Kaleb Potter

Date of Station Agreement to Sell Time: 5.23.2023

**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:

N/A

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: 5.23.2023

**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: KWON	Date Received/Requested: 5.23.2023
Est. #:	Station Location: Bartlesville, OK	Run Start and End Dates: 5.25.2023 to 6.2.2023

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.

Bartlesville Radio  
**KWON**  
 AM 1400 FM 93.3  
 NewsTalk

1200 SE Frank Phillips Blvd.  
 P.O. Box 1100 | Bartlesville, OK 74005  
 918-336-1001 FAX: 918-336-6939  
 radio@bartlesvillerradio.com  
 www.bartlesvillerradio.com

# Advertising Agreement

Date 5-24-23

Account Name DORA Patzkowski

Agency or Attn: \_\_\_\_\_

Address PO Box 3201

City Bartlesville State OK Zip Code 74006

Contact Dora

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email DORA PATZKOWSKI@gmail.com

New   
 Account Number \_\_\_\_\_

COOP: Yes  No  EI:

COOP Brand: \_\_\_\_\_

Scripts or Times or Both  Regular or Standard Broadcast Month Agency: Commission? Yes  No

Package Rate or Unit Rate  New Order/Additional Order/Revised Order

- Toggle TFN
- Add to Avail
- Pub'd
- Wheel

Special Instructions:

Length	Times/Sponsorship	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Start	End	Rate	# of Comis.	Totals
30	6A-7p	7	7	7	7	7			5/25	6/2	13	49	637

Continuity Information:

Number of Scripts/Tapes: \_\_\_\_\_ Prior Approval: Yes  No

Jingle or Announcer Preferences:

The undersigned Advertiser hereby agrees to pay all monthly statements by the 15th of each month. Late charges will be assessed on overdue accounts, 1.5% per month on unpaid balances.  
 These stations do not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising contract for a discriminatory purpose including but not limited to decisions not to place advertising on particular stations on the basis of race, national origin, or ancestry.\*Programmer certifies that they are not a foreign government nor an agent of a foreign government.

Sales Representative: 

Business Signature: \_\_\_\_\_