

Bynum for Congress-DCCC



Station KTVZ-TV
Market Bend/Redmond, OR *688857*
Flight Dates 5/14/2024 - 5/15/2024 Revised (Est. 9234)

Buyer Wil McLaughlin
Email wil@screenstrategies.com
Phone 703-272-7300

Program Name	DP	Days Length	Rate	Tue 5/14	Wed 5/15	Total
KTVZ 5a News 5:00 AM - 6:00 AM <i>P4</i>	EM	M-F 30	\$35.00 \$70.00	1	1	2
KTVZ 6a News 6:00 AM - 7:00 AM	EM	M-F 30	\$80.00 \$160.00	1	1	2
Today Show 7:00 AM - 9:00 AM	EM	M-F 30	\$70.00 \$140.00	1	1	2
Today II 9:00 AM - 10:00 AM	DT	M-F 30	\$35.00 \$70.00	1	1	2
Today III 10:00 AM - 11:00 AM	DT	M-F 30	\$15.00 \$30.00	1	1	2
KTVZ 5p News 5:00 PM - 5:30 PM	EN	M-F 30	\$125.00 \$250.00	1	1	2
NBC Nightly News 5:30 PM - 6:00 PM	EN	M-F 30	\$275.00 \$0.00			0
KTVZ 6p News 6:00 PM - 6:30 PM	EN	M-F 30	\$150.00 \$300.00	1	1	2
KTVZ 6:30p News 6:30 PM - 7:00 PM	EN	M-F 30	\$150.00 \$300.00	1	1	2
KTVZ 7p News 7:00 PM - 7:30 PM <i>✓</i>	EN	M-F 30	\$100.00 \$200.00	1	1	2

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The Voice 8:00 PM - 9:00 PM	PT	Tu 30	\$150.00 \$150.00	1		1
Chicago Fire 9:00 PM - 10:00 PM	PT	W 30	\$100.00 \$100.00		1	1
KTVZ 11p News 11:00 PM - 11:35 PM	LN	M-F 30	\$55.00 \$110.00	1	1	2
Tonight Show 11:35 PM - 12:35 AM	LF	M-F 30	\$15.00 \$30.00	1	1	2
Station Totals			\$1,910.00	12	12	24

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Screen Strategies Media, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Janelle Bynum

Authorized committee:

Janelle Bynum for Congress

Agency requesting time (and contact information):

N/A Screen Strategies Media, 11150 Fairfax Blvd, Suite 505, Fairfax, VA 22030

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

Congress

Date of election:

5/21/2024

General

Primary

Treasurer of candidate's authorized committee:

Sue Jackson

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

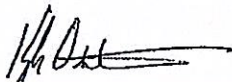
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices (not applicable to federal candidates).

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: Kyle Osterhout

Name: Alexandria Health

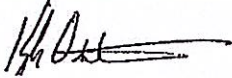
Date of Request to Purchase Ad Time: 5/10/2024

Date of Station Agreement to Sell Time: 5.10.24

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: Kyle Osterhout

Date: 5/10/2024

TO BE COMPLETED BY STATION ONLY ®

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

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 #: 688857	Station Call Letters: KTVZ	Date Received/Requested: 5.10.24
Est. #: 9234	Station Location: Bend, OR 97703	Run Start and End Dates: 5.14 - 5.15

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.