

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Robert P. Leist, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Robert P. Leist

Authorized committee:

Friends of Robert Leist

Agency requesting time (and contact information):

N/A

Candidate's political party:

Independent/libertarian

Office sought (no acronyms or abbreviations):

Ohio House of Rep. District 72

Date of election:

November 3, 2020

General

Primary

Treasurer of candidate's authorized committee:

Deloris Leist

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

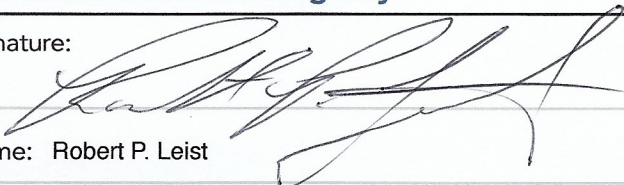
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices (not applicable to federal candidates).

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:



Name: Robert P. Leist

Signature:



Name: Chris Wallace

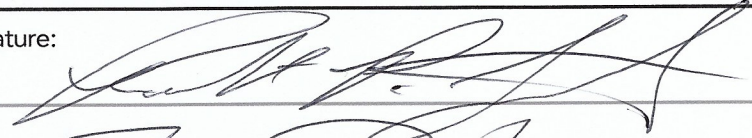
Date of Request to Purchase Ad Time: 10/26/2020

Date of Station Agreement to Sell Time: 10/26/2020

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: ROBERT P. LEIST

Date: 10/26/2020

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 10/26/2020

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: WTNS	Date Received/Requested: 10/26/2020
Est. #:	Station Location: Coshocton, Ohio	Run Start and End Dates: <u>10/27/20 - 10/30/20</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.



**Order
to
Broadcast**

The Coshocton Broadcasting Company
114 North Sixth Street
Coshocton, Ohio 43812
740-622-1560

Agency 10-27-11:15 1 ad 10a-3p during trading post.	Client Friends of Robert Leist Account # 35300	Affidavit Yes	Signature/Date 10-26-20
		Start 10-27-20 End 10-30-20 Salesperson P01	
		<input type="checkbox"/> 60 sec <input checked="" type="checkbox"/> 30 sec WR 4227 Frames _____	

6-10	10-3	3-7	7-11	ROS On-Off	ROS 6-7

**Mon
Tue
Wed
Thur
Fri
Sat
Sun
Total**

6-10	10-3	3-7	7-11	Noon	4:00	ROS On-Off	ROS 6-7
	1						
3	4	3					
	1						
3	4	3					
6	10	6					

AM Summary

ads @ \$10 = _____	ads @ \$ 7.75 = _____
ads @ \$ 7 = _____	ads @ \$ 8.33 = _____
ads @ \$ 8 = _____	Blitz = _____
ads @ \$ 6 = _____	TOTAL = _____

FM Summary

6 ads @ \$14 = 75.60	ads @ \$12.80 = _____
10 ads @ \$10.9 = 90	Blitz = _____
6 ads @ \$12.80 = 64.80	Remotes = _____
ads @ \$ 9 = _____	Remotes(In) = _____
ads @ \$ 11.25 = _____	22 TOTAL = 230.40

Nondiscrimination Policy. Coshocton Broadcasting Co. and stations WTNS (AM/FM) do not discriminate in advertising arrangements on the basis of race or ethnicity. Any provision in any advertising agreement entered into with an advertiser whose intent is to discriminate in such manner shall be null and void.

Both \$ 230.40