

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Marci McCaulay, hereby request station time as follows:

**IDENTIFY CANDIDATE TYPE**

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Marci McCaulay	
Authorized committee: Write-in Marci McCaulay	
Agency requesting time (and contact information): <input type="checkbox"/> N/A	
Candidate's political party: Democrat	
Office sought (no acronyms or abbreviations): State Representative, 72nd District	
Date of election: 11/3/2020	<input checked="" type="checkbox"/> General <input type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Robin Bartlett	
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(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).</p> <p><b>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</b></p>	
<p>Candidate/Committee/Agency</p> <p>Signature: </p> <p>Name: Marci McCaulay</p> <p>Date of Request to Purchase Ad Time: 10/16/2020</p>	<p>Station Representative</p> <p>Signature: </p> <p>Name: Becky Jacobs</p> <p>Date of Station Agreement to Sell Time: 10/16/2020</p>

**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:

*Marci McCaulay*

Name: Marci McCaulay

Date: 10/16/2020

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: 10/16/2020

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: 10-16-20
Est. #:	Station Location: Coshocton, Ohio	Run Start and End Dates: 10/19/20 - 11/3/20

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	Client <i>Write-in Marci McCauley - State Rep. 142nd</i>	Affidavit	Signature/Date
		<i>yes</i>	<i>10/16/20</i>
		Start <i>10/19/20</i> End <i>11/3/20</i> Salesperson <i>Pol</i>	
Account # <i>82534</i>		<input type="checkbox"/> 60 sec <i>4324</i>	<input checked="" type="checkbox"/> 30 sec <b>WR</b> _____ Frames _____

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

*01*

**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
<i>2</i> ✓		<i>2</i> ✓					
<i>2</i> ✓	<i>2</i>	<i>2</i> ✓					
<i>2</i>		<i>2</i>					
<i>2</i>		<i>2</i>					
<i>2</i>		<i>2</i>					
<i>24</i>	<i>2</i>	<i>22</i>					

**AM Summary**

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

**FM Summary**

*24* ads @ \$14 <sup>*12.60*</sup> = *30240*  
*2* ads @ \$10 <sup>*9.00*</sup> = *1800*  
*22* ads @ \$12 <sup>*10.80*</sup> = *23760*  
 \_\_\_\_\_ ads @ \$9 = \_\_\_\_\_  
 \_\_\_\_\_ ads @ \$ 11.25 = \_\_\_\_\_  
 \_\_\_\_\_ ads @ \$12.00 = \_\_\_\_\_  
 \_\_\_\_\_ Blitz = \_\_\_\_\_  
 \_\_\_\_\_ Remotes = \_\_\_\_\_  
 \_\_\_\_\_ Remotes(In) = \_\_\_\_\_  
*48* TOTAL = *55800*

**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 55800