

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, FlexPoint Media, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE
STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Terry Neese

Authorized committee:

Neese For Congress - PO BOX 12744, OKLAHOMA CITY, OK 73157

Agency requesting time (and contact information):

N/A FlexPoint

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Congressional District 5

Date of election:

6/30/2020

General

Primary

Treasurer of candidate's authorized committee:

BRADLEY T CRATE

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
<p>Signature: <small>Verified by PDFFiller 05/08/2020</small></p> <p>Name: Flexpoint Media</p> <p>Date of Request to Purchase Ad Time: 05.08.2020</p>	<p>Signature: </p> <p>Name: Robert McNemi</p> <p>Date of Station Agreement to Sell Time:</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:

FlexPoint Media



Verified by PDFFiller
05/08/2020

Name: FlexPoint Media

Date: 05/08/2020

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

5/8/20

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):

Contract #:

See Attached

Station Call Letters:

Date Received/Requested:

Est. #:

Station Location:

Run Start and End Dates:

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.

Sales Order

Station: KOKC-AM Agency: FLEXPOINT MEDIA
 Contract Name: 2020 KOKC OK5 PRIMARY 1005 Address: ATTN: ACCOUNTS PAYABLE
 Contract#: 61414454 PO BOX 1051
 Start Date: 6/10/20 End Date: 6/16/20 City: NEW ALBANY State: OH Zip: 43054
 Revenue Type: National Political Type: Cash Buyer: _____
 Advertiser: TERRY NEESE FOR CONGRESS Tax Schedule: _____ (None)
 Address: _____ Agency Commission %: 15
 City: _____ State: _____ Zip: _____ Billing Cycle: Standard
 Product Name: OK-5 PRIMARY Salesperson: 1966EEAST Comm %: 0
 Estimate #: 1005 Makegood Policy: Within Contract Dates
 Comp. Code: POLITICAL
 Sec. Comp.: 60 MINUTE SEPARATION

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION								RATE	TOTALS		PTY	
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk		D/W	SPOTS		\$\$
1	6/10/20	6/12/20		6:00 AM	7:00 PM	60			5	5	5			15	D	25.00	15	375.00	0
2	6/15/20	6/16/20		6:00 AM	7:00 PM	60	5	5						10	D	25.00	10	250.00	0

Billing Projections: By Month
 Jun 20
 CA 625.00
 ST 625.00

Print Spot Prices

TOTAL SPOTS 25
 GROSS TOTAL \$ 625.00
 ADJUSTED SPOTS 25
 ADJUSTED TOTAL \$ 625.00

APPROVE DECLINE

- General Manager
- Sales Manager
- 1966jlaw, 06/09/20 @10:34AM
- Interactive