

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:

Dr Manny Sethi

Authorized committee:

Dr Manny for Senate, PO Box 58068, Nashville, TN 37205

Agency requesting time (and contact information):

☐ N/A FlexPoint Media, info@flexpointmedia.com; 202-417-2274

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

US Senate- Tennessee

Date of election:

August 6, 2020



General



Primary

Treasurer of candidate's authorized committee:

Cordia Harrington

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: FlexPoint Media

Name:

Chpt Thomas

Date of Request to Purchase Ad Time: 5/13/20

Date of Station Agreement to Sell Time: 7/30/20

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: FlexPoint Media

Date: 5/13/20

TO BE COMPLETED BY STATION ONLYAd 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 #:

Station Call Letters: WWYN

Date Received/Requested:

7/30/20

Est. #:

Station Location: JACKSON TN

Run Start and End Dates:

8/2-8/5

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: **WWYN-FM** Agency: **RURAL AM/FM**
 Contract Name: **DRM10731** Address: **190 Monroe Avenue Northwest**
 Contract#: **(none)** City: **Grand Rapids** State: **MI** Zip: **49503**
 Start Date: **8/02/20** End Date: **8/05/20** Buyer: _____
 Revenue Type: **Political** Type: **Cash** Tax Schedule: **(None)**
 Advertiser: **DR. MANNY FOR SENATE** Agency Commission %: **15**
 Address: _____ Billing Cycle: **Standard**
 City: _____ State: _____ Zip: _____ Salesperson: **1972hous** Comm %: **15**
 Product Name: _____ Makegood Policy: **Within Contract Dates**
 Competitive Code: **POLITICAL**

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	8/02/20	8/02/20		5:30 AM	8:00 PM	60							4	4	D	10.50	4	42.00	3	
2	8/03/20	8/05/20		5:30 AM	8:00 PM	60	7	7	7					21	D	10.50	21	220.50	3	

Billing Projections: By Month

Billing projections will be available after order is saved.

☒ Print Spot Prices

TOTAL SPOTS 25

GROSS TOTAL \$ 262.50

ADJUSTED SPOTS 25

ADJUSTED TOTAL \$ 262.50

APPROVE DECLINE

☐ ☐ General Manager☐ ☐ Sales Manager☐ ☐ National Sales Manager☐ ☐ Local Sales Manager