Bryan Broadcasting Corporation PO Box 3248 Bryan, TX 77805-3248

Order #:

7331-00002

Description:

KZNE Sportstalk CS City Council

Date Entered:

10/12/2020

P.O.#:

Salesperson:

Howard, Chip

Invoice Frequency: Billed at end of Cal/EOS, Sorted by Date

Jason Cornelius for CS City Council Pl 1 (ST) Attn: Jason Cornelius PO Box 11317 College Station, TX 77842

## **On-Air Schedule**

| 5 | Start Date | End Date  | Station | Scheduled Time/Event   | Repeated | Length | Qty | Rate  | Total  | M | Tu | W | Th | F | Sa | Su |  |
|---|------------|-----------|---------|------------------------|----------|--------|-----|-------|--------|---|----|---|----|---|----|----|--|
| 1 | 10/13/2020 | 11/3/2020 | KZNE-AM | 04:00:00p to 06:00:00p | Weekly   | :30    | 16  | 18.00 | 288.00 | 1 | 1  | 1 | 1  | 1 | 0  | 0  |  |

Order Start Date: 10/13/2020

Order End Date: 11/3/2020

Spots: 16

**Total Charges:** 

\$288.00

This station does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for any discriminatory purpose, including decisions not to place advertising on particular stations on the basis of race, gender, national origin or ancestry.

Invoices are due on the 10th of the month. We accept VISA MasterCard AMEX and Discover.

| Projected Calendar Month | /End-Of-Schedule Bi | Illing Totals for Jason | Cornelius for CS City Council PI 1 (ST) / 7331-0 | 0002 |
|--------------------------|---------------------|-------------------------|--------------------------------------------------|------|
|                          |                     | Spot Count              | Net Billing                                      |      |
| October 2                | 020                 | 14                      | \$252.00                                         |      |
| November 2               | 020                 | 2                       | \$36.00                                          |      |
| Total:                   |                     | 16                      | \$288.00                                         |      |

| Confirmed & Accepted | for Bryan | Broadcasting | Corporation By: |
|----------------------|-----------|--------------|-----------------|
|----------------------|-----------|--------------|-----------------|

Accepted for Jason Cornelius for CS City Council Pl 1 (ST) By:

Please Sign and Return One Copy

## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

| See Order for proposed schedule and charges. See Invoice for actual schedule and charges.                                                                 |                                                   |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|--|--|--|
| I, Jason Cornelius, hereby request station time as follows:                                                                                               |                                                   |  |  |  |  |  |
|                                                                                                                                                           |                                                   |  |  |  |  |  |
| IDENTIFY CANDIDATE TYPE                                                                                                                                   | ERAL CANDIDATE                                    |  |  |  |  |  |
|                                                                                                                                                           | TE OR LOCAL CANDIDATE                             |  |  |  |  |  |
|                                                                                                                                                           |                                                   |  |  |  |  |  |
| ALL QUESTIONS/BLOC                                                                                                                                        | KS MUST BE COMPLETED                              |  |  |  |  |  |
| Candidate name:                                                                                                                                           |                                                   |  |  |  |  |  |
| Jason Cornelius                                                                                                                                           |                                                   |  |  |  |  |  |
| Authorized committee:                                                                                                                                     |                                                   |  |  |  |  |  |
| Cornelius for Council                                                                                                                                     |                                                   |  |  |  |  |  |
| Agency requesting time (and contact information):                                                                                                         | Agency requesting time (and contact information): |  |  |  |  |  |
| ✓ N/A                                                                                                                                                     |                                                   |  |  |  |  |  |
| Candidate's political party:                                                                                                                              |                                                   |  |  |  |  |  |
| N/A                                                                                                                                                       |                                                   |  |  |  |  |  |
| Office sought (no acronyms or abbreviations):                                                                                                             |                                                   |  |  |  |  |  |
| College Station City Council, Place 1                                                                                                                     |                                                   |  |  |  |  |  |
| Date of election:                                                                                                                                         | ✓ General Primary                                 |  |  |  |  |  |
| November 3, 2020                                                                                                                                          |                                                   |  |  |  |  |  |
| Treasurer of candidate's authorized committee:                                                                                                            |                                                   |  |  |  |  |  |
| Diane Rektorik                                                                                                                                            |                                                   |  |  |  |  |  |
| 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. |                                                   |  |  |  |  |  |
| 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: Jason Cornelius                                                                                                                                     | Name: Chip Howard                                 |  |  |  |  |  |
| Date of Request to Purchase Ad Time: 10-12-11 21                                                                                                          | Date of Station Agreement to Sell Time:           |  |  |  |  |  |

| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                     |  |  |  |  |  |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                                     |  |  |  |  |  |
| To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | O BE COMPLETED BY STATION C           | DNLY                                                |  |  |  |  |  |
| Ad submitted to Station?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | es No                                 |                                                     |  |  |  |  |  |
| Date ad received: 10/12/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                                     |  |  |  |  |  |
| 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 (optional):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |                                                     |  |  |  |  |  |
| *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 #:<br>7331-00002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Station Call Letters:<br>KZNE-AM      | Date Received/Requested: 10/12/2020                 |  |  |  |  |  |
| Est. #:<br>n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Station Location: College Station, TX | Run Start and End Dates:<br>10/13/2020 - 11/03/2020 |  |  |  |  |  |
| 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.                                                                                                                                                                                                        |                                       |                                                     |  |  |  |  |  |