

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges. I, GMFB - authorized media buyer, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE  FEDERAL CANDIDATE  STATE OR LOCAL CANDIDATE

ALL QUESTIONS BLOCKS MUST BE COMPLETED

Candidate name: Ron Wyden	Authorized committee: Wyden for Senate	Agency requesting time (and contact information): N/A GMFB	Candidate's political party: Democrat	Office sought (no nicknames or abbreviations): US Senate	Date of election: 11/8/2022	Treasurer of candidate's authorized committee: Stephen Mathis	The undersigned represents that: 1) the payment for the broadcast time requested has been furnished by check and box below; 2) the candidate listed above who is a legally qualified candidate, or the authorized committee of the legally qualified candidate listed above; 3) this station is authorized to announce the time as paid for by such person or entity; and 4) this station has disclosed its policies advertising policies, including applicable classes and rates, discount, promotion and other sales practices that apply to general candidates.
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.							
Candidate/Committee/Agency: <u>William Wyden</u>							
Signature: <u>Susan Michaels</u>							
Name: Susan Michaels							
Date of Request to Purchase Ad Time:							
Station Representative: <u>Marcia Wyden</u>							
Signature: <u>Marcia Wyden</u>							
Name: Marcia Wyden							
Date of Station Agreement to Sell Time: <u>8/15/22</u>							

**Federal Candidate Certification:**  
 The undersigned hereby certifies that the broadcast matter to be aired pursuant to the 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's broadcast committee paid for the broadcast or if radio programming, contains a personal and a state 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:

*Susan M. Nichols*

Name: Susan M. Nichols

Date:

8/4/22

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date received: 8/15/22

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)

Rejected - provide reason:

If filed partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-up, if any (e.g., candidate sponsor ID tag):

Contact #: 438 0165

Order Call Letter: K25L

Date Requested/Requested: 8/5/22

Station Location: Susan M. Nichols, LLC

Run Start and End Date: 8/15 - 8/21/22

Upload order, this form and invoice for the station program or other document reflecting the transaction to the OPF or use the space to document schedule of the program, when spots actually aired, the rates charged and the dates of any purchased or station replays. If station will not air the spots, spots must still be generated, the name of a contact person who can provide this information immediately should be placed in the "Name and Disposition" folder in the OPF.