

CANDIDATE ADVERTISEMENT AGREEMENT

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

I, Cindy Strand hereby request station time as follows:

IDENTIFY CANDIDATE TYPE → FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Sig Hutchinson
Authorized committee: Citizens for Sig Hutchinson
Agency requesting time (and contact information): Articularon - Cindy Strand - AOL
 N/A
Candidate's political party: Democratic
Office sought (no acronyms or abbreviations): Wake City Commissioner
Date of election: 10/13/2020 General Primary
Treasurer of candidate's authorized committee: Maggie Barton

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: <u>Cynthia M. Strand</u> Name: <u>Cynthia M. Strand</u> Date of Request to Purchase Ad Time: <u>10/13/2020</u>	Signature: <u>[Signature]</u> Name: <u>Chris Ganapols</u> Date of Station Agreement to Sell Time: <u>10/13/20</u>

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: *Cynthia M. Grand*

Name: *Cynthia M. Grand*

Date: *10/13/2020.*

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: *10/15/20*

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 #: <i>601820</i>	Station Call Letters: <i>WPTK-AM</i>	Date Received/Requested: <i>10/13/20</i>
Est. #:	Station Location: <i>Raleigh NC</i>	Run Start and End Dates: <i>10/19-10/20/20</i>

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: WPTK-AM Agency: ARTICULON
 Contract Name: SIG 4 WAKE Address: 10327 EVERGREEN SPRING PLACE
 Contract#: 601820 City: RALEIGH State: NC Zip: 27614
 Start Date: 10/19/20 End Date: 10/30/20 Buyer: _____
 Revenue Type: POLITICAL LOCAL AGENCY Type: Cash Tax Schedule: _____ (None)
 Advertiser: CITIZENS FOR SIG HUTCHINSON Agency Commission %: 0
 Address: _____ Billing Cycle: Standard
 City: _____ State: _____ Zip: _____ Salesperson: 450cgano Comm %: 0
 Product Name: SIG 4 WAKE 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	10/19/20	10/30/20		6:00 AM	10:00 AM	15	X	X	X	X	X			6	W	8.50	12	102.00	3	
2	10/19/20	10/30/20		10:00 AM	3:00 PM	15	X	X	X	X	X			6	W	8.50	12	102.00	3	
3	10/19/20	10/30/20		3:00 PM	7:00 PM	15	X	X	X	X	X			6	W	8.50	12	102.00	3	

Billing Projections: By Month

	Oct 20	Nov 20
CA	306.00	0.00
ST	153.00	153.00

Print Spot Prices

TOTAL SPOTS 36
 GROSS TOTAL \$ 306.00
 ADJUSTED SPOTS 36
 ADJUSTED TOTAL \$ 306.00

APPROVE DECLINE

 Traffic

 450cgano, 10/15/20 @4:54PM

 National

 Credit