CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.		
I, Tammie Wingrove , hereby request station time as follows:		
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE STATE OR LOCAL CANDIDATE		
ALL QUESTIONS/BLOCKS MUST BE COMPLETED		
Candidate name:		
Mitch McConnell		
Authorized committee:		
McConnell Senate Committee (C00193342)		
Agency requesting time (and contact information):		
N/A Mentzer Media Services / Tammie Wingrove 410-825-7034		
Candidate's political party:		
Republican		
Office sought (no acronyms or abbreviations):		
Senate		
Date of election: 6/23/2020	General ✓ Primary	
Treasurer of candidate's authorized committee:		
Larry Steinberg-Treasurer/Lisa Lisker-Assistant Treasurer		
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: Lank L	Signature: Lisa A Columbia	
Name: Lisa Lisker, Assistant Treasurer	Name: Lisa Columbia	
Date of Request to Purchase Ad Time: 3/19/2020	Date of Station Agreement to Sell Time: 4/14/2020	

to an opposing candidate or, if it does, (2) for a duration of at least four seconds and the candidate approved the broadcast an	broadcast matter to be aired pursuant to a contains a clearly identifiable photograph I a simultaneously displayed printed statem d that the candidate and/or the candidate ins a personal audio statement by the candidate has approved the broadcast.	or similar image of the candidate nent identifying the candidate, that is authorized committee paid for the	
Candidate/Authorized Committee/A	Agency		
Signature:)		
Name: Lisa Lisker, Assistant Treasurer			
Date: 3/19/2020			
ТО	BE COMPLETED BY STATION ON	ILY	
Ad submitted to Station? Yes Date ad received: 4/14/2020			
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 #: 1984730	Station Call Letters: WHAS	Date Received/Requested: 4/14/2020	
Est. #: 7749	Station Location: Louisville, KY	Run Start and End Dates: 4/14/2020 - 4/21/20	

Federal Candidate Certification:

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.