

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Dave Severin, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Dave Severin

Authorized committee:

Friends of Dave Severin

Agency requesting time (and contact information):

☒ N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

State Representative 116th District

Date of election:

November 8, 2022

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

Kendra Mitchell

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: <i>Dave Severin</i>	Signature: <i>Josh Dunderberg</i>
Name: Dave Severin	Name: <i>JOSEPH DUNDERBERG</i>
Date of Request to Purchase Ad Time: <i>11/4/22</i>	Date of Station Agreement to Sell Time: <i>11/4/22</i>

**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 BE COMPLETED BY STATION ONLY**Ad 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 #:

*SEE ATTACHED*

Station Call Letters:

*WMCL AM*

Date Received/Requested:

*11/4/22*

Est. #:

*SEE ATTACHED*

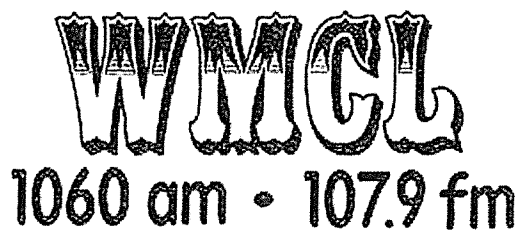
Station Location:

*McLeansboro IL*

Run Start and End Dates:

*11/7 - 11/18/22*

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.



# WMCL AM Order Confirmation

WMCL 1060 AM & 107.9 FM  
 PO BOX 1508  
 MT. VERNON, IL 62864  
 1-618-997-8000  
 Order ID: 0726-003  
 Advertiser: FRIENDS OF DAVE SEVERIN  
 Product: FRIENDS OF DAVE SEVERIN  
 Estimate/PO:  
 AccountRep: House Accounts  
 BillingCycle: Calendar Month  
 InvoiceType: None-Statement Only  
 Run Dates: 11/7/2022 - 11/8/2022  
 Items Ordered: 22  
 Ordered Amount: \$51.48

FRIENDS OF DAVE SEVERIN  
 P O BOX 10  
 BENTON, IL 62812

Scheduled Station(s): WMCLAM  
 FRIENDS OF DAVE SEVERIN

Printed 11/4/2022 2:28:52 PM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 11/7/2022 - 11/8/2022	All Weeks	06:00 AM - 07:00 PM	11	11						22	:30	Spot		2329	22	2.34	51.48
Calendar Month Projected Billing:																	
Oct-22		0.00					51.48			Dec-22			0.00		Q4-2022		51.48

Confirmed Correct; Payment Guaranteed

Accepted for

WITHERS BROADCASTING  
COMPANY OF ILLINOIS LLC  
3501 BROADWAY  
MOUNT VERNON, IL 62864  
618/242-3500

**SALE**

REF#: 00000003

RRN: 338973974

Batch #: 308001

11/04/22

13:16:02

AVS: Z

CVC: M

Invoice #: 2

APPR CODE: 514000

VISA

Manual CP

\*\*\*\*\*9359

\*\*\*

**AMOUNT \$51.48**

APPROVED

X \_\_\_\_\_

I AGREE TO PAY ABOVE TOTAL AMOUNT  
IN ACCORDANCE WITH CARD ISSUER'S  
AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

Thank You  
Please Come Again

MERCHANT COPY

# Withers Broadcasting Companies

1 Broadway, PO Box 1508 | Mt. Vernon, Illinois 62864 | (618) 242-3500  
2 North Court Street, PO Box 127 | Marion, IL 62959 | (618) 997-8123  
h Kingshighway, PO Box 558 | Cape Girardeau, MO 63701 | (573) 339-7000  
101 Industrial Drive | Sikeston, MO 63801 | (573) 471-1520  
0 North 8<sup>th</sup> Street, PO Box 7501 | Paducah, KY 42001 | (270) 538-5251

## One-Time Credit Card Payment Authorization Form

ate this form to authorize Withers Broadcasting Companies to make a one-  
ur credit card listed below.

form you give us permission to debit your account for the amount indicated  
ndicated date. This is permission for a single transaction only, and does not  
ration for any additional unrelated debits or credits to your account.

te the information below:

**Severin**

authorize Withers Broadcasting Cos. to charge my credit card  
name)

below for **51.48** on or after **11/4/2022**. This payment is for  
(amount) (date)

of **Dave Severin** on **WMCL**  
Advertiser) (station(s) utilized)

Billing Address **PO Box 10**

Phone# **618-927-0481**

City, State, Zip **Benton, IL 62812**

Email **severinforstaterep@gmail.com**

Account Type: ☒ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name **Friends of Dave Severin Kendra Mitchell**

Account Number **[REDACTED]**

Expiration Date **[REDACTED]**

CVV **[REDACTED]**

SIGNATURE **Dave Severin**

DATE **11/4/2022**

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.