

# ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, Kevin Semlow	, hereby request station time as	follows: See <b>Order</b> for proposed
schedule and charges. See In	voice for actual schedule and charge	as
Check one:	grand and and grange	53.
Ad "communicates a messag (1) a legally qualified candida issue of public importance (e., subject of controversy or disc	a message relating to any political matter of	eral office; (3) a national legislative ; or (4) a political issue that is the
ALL QU	ESTIONS/BLOCKS MUST BE CO	MPLETED
	n Bureau ACTIVATOR Political Involvement Fu	
Agency name: ACTIVATOR		
Address: PO Box 1605, Bloomington, IL 6	1702-1605	
Contact: Kevin S. Semlow	Phone number: 309-557-2308	Email: ksemlow@ilfb.org
Name of advertiser/sponsor (list entity committees] with no acronyms; name n	's full legal name as disclosed to the Fede must match the sponsorship ID in ad):	eral Election Commission [for federal
Name: Illinois Farm Bureau ACTIVATOR F	Political Involvement Fund	
Address: PO Box 1605, Bloomington, IL 61	705-1605	
Contact: Kevin S. Semlow	Phone number: (309-557-2308	Email: ksemlow@ilfb.org
Station is authorized to announce the t	ime as paid for by such person or entity.	
List ALL of the chief executive officers of group(s) of the advertiser/sponsor (Use Jeff Kirwan, Chairman Alan Dodds, Tresurer Kevin Semlow, Secretary	or members of the executive committee of separate page if necessary.):	or board of directors or other governing
	ederal election, list ALL of the following:	✓ N/A
Name(s) of every candidate referred to:	The same of the sa	<u> </u>
Office(s) sought by such candidate(s) (no	acronyms or abbreviations):	
Date of election:		
Clearly identify <b>EVERY</b> political matter o ad (no acronyms); use separate page if n	f national importance referred to in the ecessary:	✓ N/A

## THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor		Station Representative					
Signature: Lands Jalon Name: Kevin S. Semlow		Signature: Christopher Hugo  Date of Station Agreement to Sell Time: 3 7/24					
Date of Request to Purchase Ad Time	: 3/7/2024						
TC	BE COMPLETED	BY STATION ONLY					
Ad submitted to station?	s No	Date ad received: 3/7/24					
Note: Must have separate PB-19 forms (or th	e equivalent, e.g., addenc	dums) for each version of the ad (i.e., for every ad with differing copy).					
If only one officer, executive committed in writing if there are any other officers update this form if additional officers,	s, executive committee	r is listed above, station should ask the advertiser/sponsore members or directors, maintain records of inquiry and are provided.					
Disposition:  Accepted  Accepted IN PART (e.g., ad not a Rejected – provide reason (option)		content)*					
*Upload partially accepted form, then pro	omptly upload updated	d final form when complete.					
Date and nature of follow-ups, if any:							
Contract #: 0066 730	Station Call Letters:	Date Received/Requested:					
Est. #: n/a	Station Location: Mt. Vernon, 1						
or national issue ads only (not require	ed for state/local issu	ue ads):					

Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.

MA. Pree time There are no rates, invoice, or classes of time related to this run of spots. See either the attached for information on when the spots aired or this station will upload this information as soon as it is available.





# Illinois Farm Bureau ACTIVATOR® Political Involvement Fund

3/7/24

Memo To:

Chris Hugo WMIX AM, WMIX FM and WNSV FM

hugo@mywithersradio.com

From:

Kevin Semlow

Subject:

Support of Dave Severin 116th House

Chris,

Please begin to air the attached spot on 3/11-3/15 and 3/18 & 3/19. Times are ROS 6a-7p. This is a total of 49 spots. Run make-goods if you receive payment after the 11<sup>th</sup>. Please send the NAB forms to <a href="mailto:ksemlow@ilfb.org">ksemlow@ilfb.org</a>.

# Please air the following:

wmix a	Chris Hugo	\$29.75	49 \$ 1,457.75
wmix F	Chris Hugo	\$42.50	49 \$ 2,082.50
wnsv f	Chris Hugo	\$29.75	49 \$ 1,457.75

Total for WMIX AM/FM WNSV FM \$ 4,998.00

Your station will be paid by ACH as soon as possible. If for any reason the rate should be different, please air as many spots as you have money for.

Please send affidavits to me at the address below.

Thank you.



BLOOMINGTON, IL 61701

**IFB** 

**Multi-Station Order Confirmation** OrderID:

0066-730

Sponsor: Product:

IFB IFB

Estimate/PO: AccountRep: BillingCycle: InvoiceType:

Activator/Severin HOUSE ACCOUNTS
Broadcast Month

Times Affidavit

Run Dates: Items Ordered: 3/11/2024 - 3/19/2024

Ordered Amount: \$3,540.25

98

1701 TOWANDA AVE.

Scheduled Station(s): WMIX-FM / WMIX-AM IFB

	Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	T1			_				_				Page 1
			run Times	WOII	rue	vvea	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	<b>Total Cost</b>
01	3/11/2024 - 3/19/2024	All Weeks	06:00 AM - 07:00 PM	7	7	7	7	7			35	:30	Spot		0460	49	72.25	3,540.25
	Broadcast Month Pro	jected Billing:																2.1
	Jan-24		0.00	Feb-24				0.00			Mar-2	4	3,5	40.25		Q1-2024	1	3,540.2
_																		0,040.2
<u>`~</u>	nfirmed Correct; P	avment Guar	antood				Α.				Iti-Sta							

### ACH Enrollment Form

PAYEE INFORMATION		
Company (Supplier) Name		
Federal Tax ID		
Business Address		
REMIT INFORMATION		
Email 1 (required)		
Email 2 (optional)		
BANK INFORMATION Ple If new setup, please disregard curr		
Bank Name		
Bank Routing Number		
Bank Account Number		
Account Type (select one)		
Deposit Type (indicate if CTX)		

This authority is to remain in full force and effect until Buyer has received written notification from the Supplier. Written notification can be sent by email or at the fax number indicated in the body of the email to which this form was attached. Buyer must be afforded a reasonable opportunity to act on such termination notice. In no event shall such termination be effective as to entries processed prior to receipt of such notice. Either party may terminate this authorization at any time.

I certify that the information provided is true and correct.

Please include a copy of bank account verification with this form (i.e. voided check, bank letter, deposit slip, or bank statement) and send to our secure fax line at (309) 557-2657.

Authorized By:

Title:

COO

Approved Date:

3 7/29