

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

1. X Ron Ellis, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE  FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name:

X RON ELLIS FOR STATE REPRESENTATIVE

Authorized committee:

X RONALD ELLIS - TREASURER

Agency requesting time (and contact information):

N/A

Candidate's political party:

X REPUBLICAN

Office sought (no acronyms or abbreviations):

X 6/28/22 117TH STATE REPRESENTATIVE

Date of election:

X 6/28/22

General

Primary

Treasurer of candidate's authorized committee:

See attached D-1 Form as proof of authorized committee, in Good Finance Standing with ISB Elections

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>Ronald Ellis</u>	Signature: <u>Ashley Manuel-Hugo</u>
Name: <u>RONALD ELLIS</u>	Name: <u>Ashley Manuel-Hugo</u>
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: <u>1/19/22</u>

**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:

*N/A*

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?

Yes

No

Date ad received:

*1/19/22*

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 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 #:

Station Call Letters:

*WERO-FM*

Date Received/Requested:

*1/19/22*

Est. #:

Station Location:

*El Dorado/Harrisburg*

Run Start and End Dates:

*1/20-2/4-22*

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.



FORM  
D-1

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

FOR OFFICE USE ONLY

Full name and complete mailing address of Political Committee:

Ron Ellis for State Representative  
2036 Teske Road  
Marion, Illinois 62959

CHECK FOR ADDRESS CHANGE

POLITICAL COMMITTEE  
IDENTIFICATION #

CHECK HERE TO RECEIVE REPORT NOTIFICATIONS VIA E-MAIL ONLY

E-MAIL ADDRESS: compliance@ellis117.com

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE

- 1  NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION, OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS BEFORE AN ELECTION)
- AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.)
- REACTIVATING

2 DATE COMMITTEE CREATED: June 4, 2021      3 AMOUNT OF FUNDS AVAILABLE AS OF CREATION DATE: \$ 1,000.00

- 4 POLITICAL COMMITTEE DESIGNATION (ALL COMMITTEES CHOOSE ONLY ONE)
- CANDIDATE POLITICAL COMMITTEE\*  
\*For purposes of contribution limits and reporting requirements, a Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the office currently sought.  
This office is: State Representative - Illinois 117th
- POLITICAL ACTION COMMITTEE
- POLITICAL PARTY COMMITTEE
- BALLOT INITIATIVE COMMITTEE
- INDEPENDENT EXPENDITURE COMMITTEE

- 5 POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION
- A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTIES OR DISTRICTS:  
(if operating statewide or supporting/opposing statewide candidates or ballot initiatives, leave blank.)  
Illinois 117th District
- B. POLITICAL PARTY AFFILIATION: Republican
- C. NAME AND ADDRESS OF EACH SPONSORING ENTITY (if applicable):

6 PURPOSE OF THE POLITICAL COMMITTEE  
Support the candidacy of Ron Ellis for State Representative - Illinois 117th

7 CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

NAME AND ADDRESS	SUPPORT	OPPOSE	OFFICE	PARTY
Ron Ellis 2036 Teske Road Marion, Illinois 62959	<input checked="" type="checkbox"/>	<input type="checkbox"/>	State Representative Illinois 117th	Republican

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

COMMITTEE NAME: <b>Ron Ellis for State Representative</b>	POLITICAL COMMITTEE ID #:
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**8 REQUIRED COMMITTEE OFFICERS:**

POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS
CHAIR	Susan P. Trovillion	9810 State Route 146E, Grantsburg, Illinois 62943 618-841-3707
TREASURER	Ron Ellis, CPA	2036 Teske Road, Marion, Illinois 62959 618-889-7195

**9 POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S ACCOUNTS (IF DIFFERENT THAN OFFICERS)**

POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS

**10 FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS**

NAME	ADDRESS AND PHONE NUMBER
Southern Trust Bank	701 North Court Street, Marion, Illinois 62959 618-998-0096

**11 DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE**

RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTIONS  
 TRANSFER TO ANOTHER POLITICAL COMMITTEE: Williamson County Republican Central Committee  
 TRANSFER TO A CHARITABLE ORGANIZATION: \_\_\_\_\_

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS

**VERIFICATION: BALLOT INITIATIVE COMMITTEE ONLY**

I DECLARE THAT THIS BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY. ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR Susan P. Trovillion DATE 6/4/21

**VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEE ONLY**

I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE DOES NOT MAKE CONTRIBUTIONS TO ANY CANDIDATE, POLITICAL COMMITTEE, POLITICAL PARTY COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).

PRINTED AND WRITTEN SIGNATURE OF COMMITTEE CHAIR Susan P. Trovillion DATE 6/4/21

**VERIFICATION: ALL POLITICAL COMMITTEES**

I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT OF ORGANIZATION IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1,000 AND UP TO \$5,000.

PRINTED AND WRITTEN SIGNATURE OF TREASURER OR CANDIDATE Ronald M Ellis DATE 6/4/21

THE ILLINOIS STATE BOARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 15-1183. WILLFUL FAILURE TO FILE OR WILLFUL FILING OF FALSE OR INCOMPLETE INFORMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF UP TO \$5,000. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATION UTILIZED: **WEBQ-FM**  
**BROADCAST/INSERTION ORDER**

Date: 1/19/2022

- NEW ACCOUNT  
 NEW ORDER  
 REVISION/ADDITION  
 TO: \_\_\_\_\_

Cart #: \_\_\_\_\_  
 SALES EXECUTIVE: **ASHLEY #29**

CLIENT #: \_\_\_\_\_ Schedule #: \_\_\_\_\_

**CUSTOMER TYPE:**

- LOCAL  POLITICAL  
 TRADE/BARTER  NON-BILL  
 AGENCY  KATZ

ADVERTISER: **RON ELLIS FOR STATE REPRESENTAT**

AGENCY: \_\_\_\_\_

**SALES TYPE:**

- GROSS/AGENCY  
 NET  
**TIME AFFIDAVIT**  YES NO

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**BILLING TYPE:**

- PER BROADCAST  Broadcast  
 LEVEL  Calendar  
 VARIABLE

CONTACT: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_

CO-OP DESCRIPTION: \_\_\_\_\_ JOB/EST/BUY# \_\_\_\_\_

PROMOTION/PACKAGE: **POLITICAL-NON WINDOW** SPONSORSHIP: **ROS**

Item	Length	Start Date	End Date	BeginTime	End Time	Rate	# ads	M	TU	W	TH	FR	SA	SU
1	:60	1/20/22	1/21/22	6A	10A	\$6.00	3				2	1		
2	:60	1/20/22	1/21/22	3P	7P	\$6.00	3				1	2		
3	:60	1/24/22	1/28/22	6A	10A	\$6.00	8	2	1	2	1	2		
4	:60	1/24/22	1/28/22	3P	7P	\$6.00	7	1	2	1	2	1		
5	:60	1/31/22	2/4/22	6A	10A	\$6.00	7	1	2	1	2	1		
6	:60	1/31/22	2/4/22	3P	7P	\$6.00	8	2	1	2	1	2		
7							36							
8														
9														
10														
11														
		<b>TOTAL</b>	<b>NUMBER</b>	<b>OF</b>	<b>ADS</b>									
							MONTHLY TOTAL OF \$ BILLED AND # OF ADS							
							JAN	\$144.00	JUL					
							FEB	\$72.00	AUG					
							MAR		SEPT					
							APR		OCT					
							MAY		NOV					
							JUN		DEC					
CONTRACT: # OF ADS							INVESTMENT:		<b>\$216.00</b>					
TOTALS: List by Station(s)							List by Stations(s)							

Approved by: \_\_\_\_\_

Comments: \_\_\_\_\_

