CANDIDATE ADVERTISEMENT AGREEMENT FORM

I, Mark Cavers	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE
Candidate name: Brad Halbrook for IL 107th State Rep Republican nomine Authorized committee: Regan for Illinois	
107th IL State Rep Date of election:	
March 19, 2024	☐ General ✓ Primary
Treasurer of candidate's authorized committee: Neal Wood	To View the construence and management and series of the construence o
and other sales practices (not applicable to federal of	ified candidate, or d candidate listed above; aid for by such person or entity; and icies, including applicable classes and rates, discount, promotion
Candidate/Committee/Agency	Station Representative
Signature:	Signisture:
Name: Mark Cavers Agency	Name: Randal J Miller, President WTIM
Date of Request to Purchase Ad Time: 2/14/24	Date of Station Agreement to Sell Time: 2/14/24

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Federal Candidate Certification:				
to an opposing candidate or, if it does, if for a duration of at least four seconds at the candidate approved the broadqast :	ne broadcast matter to be aired pursuant to (2) contains a clearly identifiable photographind a simultaneously displayed printed state and that the candidate and/or the candidate tains a personal audio statement by the candidate has approved the broadcast.	oh or similar image of the candidate ement identifying the candidate, that te's authorized committee paid for the		
Candidate/Authorized Committee	/Agency			
Signature:				
Name:				
Date:	The same of the sa	and a many rependent about the second		
TC	O BE COMPLETED BY STATION O	NLY		
Ad submitted to Station?	es No Date ad received:	TERROS CALABATAN AND AND AND AND AND AND AND AND AND A		
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 (al	bove); Yes No	N/A		
Disposition:		ANTO-MEDICANO (V.)		
Accepted				
	y not yet received to determine sponsor ID	11*		
	not yet received to determine sponsor in	y^		
Rejected – provide reason:				
*Upload partially accepted form, then pr	omptly upload updated final form when co	omplete.		
Date and nature of follow-ups, if any (e.g	., insufficient sponsor ID tag):			
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	-			
Contract #: attached	Station Call Letters: WTIM	Date Received/Requested: 2/14/24		
Est. #:	Station Location: Assumption/Taylorville, IL	Run Start and End Dates: attached		
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.				

Deering:

	WHOWTM-F 6a-7n
14].30	Cost/per Duration
	19-Feb 26-Feb 4-Mar
20 21	1
5 8 53	1-Mar 3/18-19/2 Total Spo
\$ 742.00	Total Spo Total Budget

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13 :30	Durat	
	19-Feb 26-Feb	
20 25	26-Feb 4-Mar	
	r 11-Mar 3/18-19/2	
78 \$ 1,014.00	11-Mar 3/18-19/2 Total Spo Total Budget	