

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐ FEDERAL CANDIDATE☒ STATE/LOCAL CANDIDATE

To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location:	Date
WATZ - 123 Front St. Street Alpena MI 49707	10.9.20

I, Susan Skibbe
 being/on behalf of: Nathan Skibbe, a legally
 qualified candidate of the _____ political
 party for the office of: Alpena Township Supervisor
 in the November 3, 2020
 election to be held on: November 3, 2020

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
30	see		attached		schedule

Total Charges:

\$6000.00

For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

I represent that the payment for the above described broadcast time has been furnished by:

X Susan V. Skibbe

and you are authorized to announce the time as paid for by such person or entity.

I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

X Susan V. Skibbe

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

To Be Signed By Candidate or Authorized Committee

X 10/9/2020 Susan V. Skibbe
Date Signature

To Be Signed By Station Representative

☒ Accepted

☐ Accepted in Part

☐ Rejected

[Signature]
Signature

Kimberly L. Orr
Printed Name

Sales Manager
Title

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

I, Susan V Skibbe
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☒ does

☐ does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

☒ the 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.

☐ the television programming 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.

Susan V. Skibbe
signature of candidate or authorized committee

SUSAN V. SKIBBE 10/9/2020
printed name date

~ ORDER FOR BROADCAST ~

WTCM-FM ☐ WTCM-AM ☐ WBCM-FM ☐ WCCW-FM ☐ WCCW-AM ☐

WJZQ-FM ☐ WKLT-FM ☐ WRGZ-FM ☐ WATZ-FM ☒ WZTK-FM ☐

Order Date	10/9/2020
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BILLING ADDRESS: ☐GROSS ☐NET ☒CASH ☐TRADE

Salesperson **Kim Orr**

Co-op

Estimate #

Customer PO#

Product	Alpena Township Supervi
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Promotion

BILLING OPTIONS:

Standard Summary

 Detailed

☐ Detailed w/affidavit
& notarized

BILLING DELIVERY:

(check all that apply)

☐ **Print out & mail**☒ Email •

EDI IDB#

START DATE: 10/15/2020

END DATE: 11/2/2020

== SCHEDULE ==

[illegible]

Special Information

☐ Talent Fee

GROSS TOTAL

(-) Agency Commission

NET TOTAL **\$ 600.00**

Approval ☒


FRIENDS OF NATHAN SKIBBE
 130 CHANNEL RD 2
 ALPENA, MI 49707
 989-255-4022

1022
 74-7643/2724

10.9.2020
 DATE

PAY TO THE ORDER OF WATZ \$ 600.00

Six hundred & 00/100 DOLLARS

 **Alpena Area Credit Union**
 Alpena, MI 49707
 Oshtemo, MI 49766
 Lincoln, MI 48742
 Ailanta, MI 49709
 Oscoda, MI 49750
 Tawas City, MI 48784

FOR _____

1: 272476433: 10060608260406 1022

MP

RECEIPT DATE 10/9/20 NO. 423840

RECEIVED FROM Nathan Skibbe

ADDRESS for Alpena Township Supervisor

\$ 600.00

FOR Political Campaign

ACCOUNT		
AMT. OF ACCOUNT		
AMT. PAID		
BALANCE DUE		

☐ CASH
☒ CHECK
☐ MONEY ORDER BY [Signature]

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