CANDIDATE ADVERTISEMENT AGREEMENT FORM

	es. See Invoice for actual schedule and charges, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE ST	EDERAL CANDIDATE TATE OR LOCAL CANDIDATE
ALL QUESTIONS/BLO	CKS MUST BE COMPLETED
Cand date name:	
CAUTHER SOLINSON	
tuthorized committee:	
CAUNTIES OR WILLIAM	de este
Agency requesting time (and contact information):	
NA SCASIN COMMUNI	CATIONS
landidate's political party:	
n / A	
Office sought (no acronyms or abbreviations):	
MAKOR OF MILWAUKER	
Date of election;	General Primary
1 PRIL 5, 2,222	
reasurer of candidate's authorized committee:	
SACHIN CHEEDA	
he undersigned represents that:	
) the payment for the broadcast time requested has been	furnished by (check one box below):
the candidate listed above who is a legally qualified	
the authorized committee of the legally qualified car	
2) this station is authorized to announce the time as paid fo	
	including applicable classes and rates, discount, promotion
and other sales practices (not applicable to federal candi	
HIS STATION DOES NOT DISCRIMINATE OR PERMIT DI N THE PLACEMENT OF ADVERTISING.	SCRIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
gnature:	Signature: The Royak Name: Ken Royak
ame: SACHIN CHHEDA	Name: Ken Rovak
ate of Request to Purchase Ad Time: 21, 63, 23	Date of Station Agreement to Sell Time: 3/28/2

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: 3/28/22			
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 (ab	ove): 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 #: 496045	Station Call Letters: WGKB-AM Station Location: MI washe, WI	Date Received/Requested: 3/28/21	
Est. #:	Station Location: Milwache, WI	Run Start and End Dates: う/30 - 4/く	
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.			