

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Joseph Arbogast, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

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FEDERAL CANDIDATE

☐

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Peter Peckarsky

Authorized committee:

Peckarsky For Wisconsin, Inc;

Agency requesting time (and contact information):

☐ N/A AdVantage Media Services, N16 W23250 Stone Ridge Dr., Ste. 4, Waukesha, WI 53188, Ph: (262) 408-2905

Candidate's political party:

Democrat

Office sought (no acronyms or abbreviations):

U.S. Senate

Date of election:

August 9, 2022

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General

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Primary

Treasurer of candidate's authorized committee:

Peter Peckarsky

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

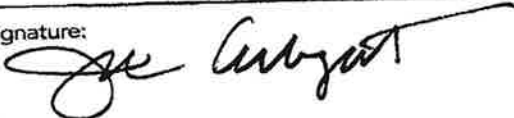

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the authorized committee of the legally qualified candidate listed above;

(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.

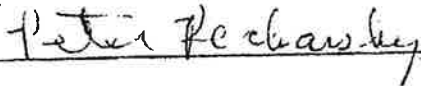
Candidate/Committee/Agency	Station Representative
Signature: 	Signature: 
Name: Joe Arbogast	Name: Justin Grimes
Date of Request to Purchase Ad Time: 6-21-2022	Date of Station Agreement to Sell Time: 6.22.22

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: Peter Peckarsky

Date:

6.21.2022

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

☐

Yes

☐

No

Date ad received: _____

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:

WLMV

Date Received/Requested:

6.21.22

Est. #:

4131

Station Location:

Madison, WI

Run Start and End Dates:

6.27.22 - 7.29.22

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.

Sales Order

Station: WLMV-AM Agency: AD-VANTAGE MEDIA SERVICES
 Contract Name: Peckarsky For WI 4131 Address: AD-VANTAGE Media Services
 Contract#: (none) N16 W23250 Stoneridge Dr, Suit
 Start Date: 6/27/22 End Date: 7/29/22 City: Waukesha State: WI Zip: 53188
 Revenue Type: POLITICAL AGENCY Type: Cash Buyer: _____
 Advertiser: Peckarsky for Wisconsin Tax Schedule: _____ (None)
 Address: _____ Agency Commission %: 15
 City: _____ State: _____ Zip: _____ Billing Cycle: Standard
 Product Name: Political Salesperson: 505720bpagu Comm %: 6
 Estimate #: 4131 Makegood Policy: Within Contract Dates
 Competitive Code: Political/Issue

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION								RATE	TOTALS		PTY	
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk		D/W	SPOTS		\$\$
1	6/27/22	7/27/22		6:00 AM	10:00 AM	30	X		X					2	W	8.00	10	80.00	7
2	6/30/22	7/28/22		10:00 AM	3:00 PM	30				1				1	D	8.00	5	40.00	7
3	6/30/22	7/29/22		3:00 PM	7:00 PM	30				X	X			2	W	8.00	10	80.00	7

Billing Projections: By Month

	Jun 22	Jul 22
CA	32.00	168.00
ST	0.00	200.00

☒ Print Spot Prices

TOTAL SPOTS 25
 GROSS TOTAL \$ 200.00
 ADJUSTED SPOTS 25
 ADJUSTED TOTAL \$ 200.00

APPROVE DECLINE

<input type="radio"/>	<input type="radio"/>	General Manager
<input type="radio"/>	<input type="radio"/>	Sales Manager
<input type="radio"/>	<input type="radio"/>	Traffic Manager
<input type="radio"/>	<input type="radio"/>	Business Manager