

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Jennifer Moeller, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: JENNIFER MOELLER	
Authorized committee: <u>Mark Moeller - Treasurer</u>	
Agency requesting time (and contact information): <input checked="" type="checkbox"/> N/A	
Candidate's political party: _____	
Office sought (no acronyms or abbreviations): <u>Door County Circuit Court Judge, Branch 1</u>	
Date of election: <u>4/2/24</u> <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary	
Treasurer of candidate's authorized committee: <u>Mark Moeller</u>	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been furnished by (check one box below):	
<input type="checkbox"/> the candidate listed above who is a legally qualified candidate, or	
<input checked="" type="checkbox"/> 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>3/13/24</u>	Signature:
Name: JENNIFER MOELLER	Name: FRANK DEVILLERS
Date of Request to Purchase Ad Time: 3/13/24	Date of Station Agreement to Sell Time: 3/13/24

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:

[Handwritten Signature] *N/A*

Name: JENNIFER MOELLER

Date: 3/13/24

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 3/14/24

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: WDDR-FM	Date Received/Requested: 3/13/24
Est. #:	Station Location: Sturgeon Bay, WI	Run Start and End Dates: Start 3/15/24 - End 4/2/24

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.



93.9 FM • 910 AM

Date	03/14/24
AM/FM/SC	FM

Cust. #		New/Modify	New
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Name	JENNIFER MOELLER FOR JUDGE
Address	
City, State, Zip	

Contact	JENNIFER MOELLER
Phone #	
email	moellerforjudge@gmail.com

Comments
CANDIDATE POLITICAL RATES. NOTE WEEK 4 ROS SPOTS STOP AT 12P-NOON.

Announcement Name
MOELLER FOR JUDGE

Order No.	
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Start Date	03/15/24
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Length	:30
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Salesperson	7 - Frank
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End Date	04/02/24
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Cart #	6315
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Co-op	No
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With	
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Discount	
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Sun	Mon	Tue	Wed	Thu	Fri	Sat	Begin Time	End Time	Rate	P/U	Week	Sponsor
					1	1	6A	10A	\$13.00	U	1	
					1	1	NOON	1P	\$13.00	U	1	
					1	1	5A	12A	\$7.50	U	1	
2	1	1	1	1	1	1	5A	12A	\$7.50	U	2	
	1	1	1	1	1	1	6A	10A	\$13.00	U	2	
	1	1	1	1	1	1	NOON	1P	\$13.00	U	2	
2	1	1	1	1	1	1	5A	12A	\$7.50	U	3	
	1	1	1	1	1	1	6A	10A	\$13.00	U	3	
	1	1	1	1	1	1	NOON	1P	\$13.00	U	3	
2	1	1					5A	12P	\$7.50	U	4	
	1	1					6A	10A	\$13.00	U	4	
	1	1					NOON	1P	\$13.00	U	4	

Total Spots	54
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Billing Total	\$581.00
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IF TFN	Total Spots	
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TFN Rate		TFN Weeks	3
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TFN Billing Total	\$0.00
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Advertiser Authorized Signature	
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Date	03/14/24
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WDOR Representative	FRANK D.
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Date	03/14/24
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