

Withers Broadcasting Companies

3501 Broadway, PO Box 1508 | Mt. Vernon, Illinois 62864 | (618) 242-3500
1822 North Court Street, PO Box 127 | Marion, IL 62959 | (618) 997-8123
901 South Kingshighway, PO Box 558 | Cape Girardeau, MO 63701 | (573) 339-7000
101 Industrial Drive | Sikeston, MO 63801 | (573) 471-1520
1700 North 8th Street, PO Box 7501 | Paducah, KY 42001 | (270) 538-5251

One-Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Withers Broadcasting Companies to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I Ondine Fortune authorize Withers Broadcasting Cos. to charge my credit card
(full name)
account indicated below for 1532.03 on or after 6/2/2022. This payment is for
(amount) (date)
AARON SMITH on KAPE, KBXB, KGMO, KREZ
(name of advertiser) (station(s) utilized)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV _____

SIGNATURE Ondine Fortune

DATE 6/2/2022

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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: 6/1/22
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I, Glenn Hodas

being/on behalf of: Aaron Smith, a legally

qualified candidate of the Republican political

party for the office of: State Representative

in the 2022 Primary

election to be held on: June 28, 2022

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
60 seconds	See Schedule	See Schedule	See Schedule	See Schedule	See Schedule

Total Charges:

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

[Empty box for listing matters of national importance]

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

Aaron Smith for State Representative

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:

Dennis Brian Smith

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

Glenn Koste

6/1/22

Date

Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

[Signature]

Signature

Abley Manuel-Huy

Printed Name

Marion - OMT

Title

STATION UTILIZED: **KBXB**
BROADCAST/INSERTION ORDER

Date: 6/2/2022

NEW ACCOUNT
 NEW ORDER
 REVISION/ADDITION
 TO: _____
 SCHEDULE _____

Cart #: _____

SALES EXECUTIVE: **HOUSE**

CUSTOMER TYPE:
 LOCAL **POLITICAL**
 NON-BILL
 TRADE/BARTER
 AGENCY KATZ

CLIENT #: _____ Schedule #: _____

ADVERTISER: **AARON SMITH FOR STATE REP (IL)**

AGENCY: **FORTUNE MEDIA**

SALES TYPE:
 GROSS/AGENCY
 NET

BILLING ADDRESS: ASHLEY@WQRLRADIO.COM

CITY: _____ STATE: _____ ZIP: _____

TIME AFFIDAVIT **YES** **NO**

PHONE # _____ FAX # _____

BILLING TYPE: CALENDAR
 PER BROADCAST Broadcast
 LEVEL Calendar
 VARIABLE

CONTACT: _____

BUSINESS TYPE: _____

CO-OP DESCRIPTION: _____ JOB/EST/BUY# _____

PROMOTION/PACKAGE: _____ SPONSORSHIP: **POLITICAL ROS**

Item	Length	Start Date	End Date	BeginTime	End Time	Rate	# ads	M	TU	W	TH	FR	SA	SU
1	:60	6/3/22	6/3/22	6A	7P	20.00	6					6		
2	:60	6/6/22	6/9/22	6A	7P	20.00	12	3	3	3	3			
3							18							
4														
5														
6														
7														
8														
9														
10														
11														
		TOTAL	NUMBER	OF	ADS									
							MONTHLY TOTAL OF \$ BILLED AND # OF ADS							
							JAN			JUL				
							FEB			AUG				
							MAR			SEPT				
							APR			OCT				
							MAY			NOV				
							JUN	\$360.00		DEC				
CONTRACT: # OF ADS							INVESTMENT:							
TOTALS: List by Station(s)							List by Stations(s)							

Approved by: **PREPAYMENT VIA CC AUTH FORM POLITICAL FOR ILLINOIS STATE REPRESENTATIVE BUY**
 Comments: _____