CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.
I, Ryan Thomas Hudson	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE STATI	ERAL CANDIDATE E OR LOCAL CANDIDATE
	S MUST BE COMPLETED
Candidate name: Ryan Hudson	
Authorized committee:	
Self	
Agency requesting time (and contact information):	
N/A	
Candidate's political party:	
Non-Partisan	
Office sought (no acronyms or abbreviations): School Board	
Date of election: April 2nd, 2024	General Primary
Treasurer of candidate's authorized committee:	
Ryan Hidson	
The undersigned represents that: (1) the payment for the broadcast time requested has been further the candidate listed above who is a legally qualified candidate the authorized committee of the legally qualified candidate the authorized to announce the time as paid for because of the station has disclosed its political advertising policies, included and other sales practices (not applicable to federal candidate). THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCINITIES OF ADVERTISING.	ndidate, or date listed above; y such person or entity; and cluding applicable classes and rates, discount, promotion tes).
Candidate/Committee/Agency	Station Representative
Signature: By D. Ohh	Signature: Robert A. Goff
Name: Ryan Hudson	Name: Robert A. Goff
Date of Request to Purchase Ad Time: 03/18/2024	Date of Station Agreement to Sell Time: 03/18/24

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: Name: Date: TO BE COMPLETED BY STATION ONLY Date ad received: 3/18/24 No Yes Ad submitted to Station? Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy). Yes No N/A Federal candidate certification signed (above): 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): Date Received/Requested: Station Call Letters: Contract #: 03/18/24 5119.001 WCWI Run Start and End Dates: Station Location: Est. #: 03/24/24 - 03/01/2024 Adams, WI see attached 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. see attached



Heart of Wisconsin Media LLC

Wisconsin 106 Order Confirmation

5119-001

OrderID:

Ryan Hudson for A-F School Board Ryan Hudson for A-F School Board

Times/Rates 3/24/2024 - 4/1/2024

InvoiceType: Run Dates:

Bob Goff End-of-Schedule

Estimate/PO:

Sponsor: Product: AccountRep: BillingCycle:

dba WCWI-FM 179 S. Main Street Adams, WI 53910 (608) 339-3221

RYAN HUDSON FOR A-F SCHOOL BOARD 1688 CREE DRIVE ARKDALE, WI 54613

Scheduled Station(s): WCWI-FM

dtems Ordered: 60 Ordered Amount: \$300.00

Ryan Hudson for A-F School Board

Printed 3/18/2024 8:59:23 AM																Page 2
Run Dates	Run Weeks	Run Times	Mon	Tue	Med	Thu	F	Sat	Sun W	Week Leng Total	Length Description	Avail Type	Avail Copy ID Type	QÇ.	Qty Item Cost Total Cost	Total Cost
01 3/24/2024 - 4/1/2024	All Weeks	06:00 AM - 07:00 PM	7	7	7 7 7		7 6 6	9		47	:15 Spot		PORYAN	09	5.00	300.00
End-of-Schedule Projected Billing:	Billing:	ā														
Jan-24 Apr-24	300	0.00 Feb-24 300.00 May-24	4 4			0.00			Ma Jui	Mar-24 Jun-24	0.00	00	88	Q1-2024 Q2-2024		300.00

Confirmed Correct; Payment Guaranteed

Accepted for WCWI-FM

WCWI FM Wisconsin 106

179 S Main St, Adams, WI 53910

10964570-3942 TRANSACTION # DATE 03/18/2024 9:34 AM APPROVED RESULT 058811 **AUTH CODE** TRANSACTION METHOD KEYED TRANSACTION TYPE SALE CARDHOLDER NAME RYAN T HUDSON CARD XXXX-XXXX-XXXX-2855 CARD TYPE VISA

1 × Quick Item \$300.00

Subtotal \$300.00

TOTAL \$300.00

METHOD KEY ENTERED
MID XXXXXXXXXX6963
TID PCDF1

Receipt sent via SwipeSimple, powered by CardFlight © CardFlight, Inc. 2024