CANDIDATE ADVERTISEMENT AGREEMENT FORM

MICHAEL POIRIER	3			
,	, hereby request station time as follows:			
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE 'E OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCK	CS MUST BE COMPLETED			
Candidate name: MICHAEL POIRIER				
Authorized committee: COMMITTEE TO ELECT	MICHAEL POIRIER			
Agency requesting time (and contact information):				
N/A				
Candidate's political party:				
Office sought (no acronyms or abbreviations): MAYOR OF WENATCHEE, WA				
Date of election: NOV 7, ZOZ3	✓ General Primary			
Treasurer of candidate's authorized committee: TDA THOMPSON				
The undersigned represents that:				
(1) the payment for the broadcast time requested has been fu	nished by (check one box below):			
the candidate listed above who is a legally qualified candidate, or				
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.	cluding applicable classes and rates, discount, promotion			
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 Malle Spain	Signature: Shirth. Shirth			
Name: MICHAEL POIRIER	Name: STEVEN M SANDMAN			
Date of Request to Purchase Ad Time: $8/29/23$	Date of Station Agreement to Sell Time: 8/29/23			

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? Date ad received: Federal candidate certification signed (above): Yes N/A No Disposition: Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)* Rejected - provide reason (optional): *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 #: 430/294B Station Call Letters: KWWW-FM Date Received/Requested: Station Location: QUINCY, WA Est. #:

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.

CONTRACT

Contract / Revision Alt Order # 231 N. Wenatchee Ave 4301294B / Wenatchee, WA 98801 Advertiser Original Date / Revision (509) 665-6565 Committee to Elect Michael Poirier 08/29/23 / 08/30/23

And:

Committee to Elect Michael Poirier 1417 Appleridge St Wenatchee, WA 98801

Contract Dates	Estimate #				
08/31/23 - 09/16/23					
Product					
ept 2023					
	Billing Cycle	Billing Cal	<u>endar</u>	Cash/Trade	
	EOM/EOC	Calendar		Cash	
	Property	Account Executive		Sales Office	
	KWWW-FM	Steve Sandman		Local Wenatche	
*	Special Handl	ing		160	
	<u>Demographic</u>				
	Households				
	Agy Code	Advertiser	<u>Code</u>	Product 1/2	
	Agency Ref		Advertiser	Ref	

Start/End Time	Spots/	Rate Tvn	e Snots	Amount
		71	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	9 308 315 508 93
5a-8p	:30	NΛ	1 12	\$216.00
<u>Rate</u>				
\$18.00				
6a-10a	:30	NN	1 8	\$112.00
Rate				•
\$14.00				
	Totals	and the second	20	\$328.00
	Time 5a-8p Rate \$18.00 6a-10a Rate	Time Days Length Week 5a-8p :30 k Rate \$18.00 6a-10a :30 k Rate \$14.00	Time Days Length Week Rate Typ 5a-8p :30 NN k Rate \$18.00 6a-10a :30 NN k Rate \$14.00	Time Days Length Week Rate Type Spots 5a-8p :30 NM 12 k Rate \$18.00 NM 8 6a-10a :30 NM 8 k Rate Rate Rate Rate

Time Period # of Spots **Gross Amount** Net Amount 08/01/23 -08/31/23 3 \$54.00 \$54.00

09/01/23 -09/15/23 17 \$274.00 \$274.00 Totals 20 \$328.00 \$328.00

Signature: _	Date: