

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Glenn Hodas, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Jim Acklin

Authorized committee:

Citizens for Jim Acklin

Agency requesting time (and contact information):

N/A Hodas & Associates, 718 S.7th Street, Unit 702, Springfield, IL 62703, (217) 494-1090

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

State Representative

Date of election:

March 19, 2024

General

Primary

Treasurer of candidate's authorized committee:

John Farney

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

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:

Glenn Hodas

Signature:

Michelle York

Name: Glenn Hodas, Hodas & Associates

Name: Michelle York

Date of Request to Purchase Ad Time:

2/20/24

Date of Station Agreement to Sell Time: 2/26/24

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

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 #: 004	Station Call Letters: WTYE	Date Received/Requested: 2/26/24
Est. #: 0355	Station Location: Robinson, IL	Run Start and End Dates: 2/27 - 3/4/24

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.



The Original Company
 PO Box 242
 Vincennes, IN 47591
 (812) 882-6060

WTYE Order Confirmation

OrderID / Status: 113603-004 / Submitted
 Sponsor: Jim Acklin HD 102 IL
 Product: Jim Acklin HD 102 IL
 Estimate/PO#: Contract #4456031
 AccountRep: Michelle York
 Billing Cycle: Broadcast Month
 InvoiceType: Detail
 RunDates: 02/27/2024 - 03/04/2024
 Items Ordered: 47
 Gross Amount: 1,122.29
 -Discounts: 0.00
 -Agency Commission: -168.34
 Net Amount: 953.95

Media Financial Services
 1655 Palm Beach Lakes Blvd, 9th Fl, suite 903
 West Palm Beach, FL 33401

Scheduled Stations: WTYE
 Sponsor: Jim Acklin HD 102 IL

Printed 02/26/2024 11:04 AM

LineID	Run Dates	Run Weeks	Run Times	Mo	Tu	We	Th	Fr	Sa	Su	Week	Length	Description	PreEmp	Qty	Rate	Cost
01	02/27/2024 - 03/04/2024	All Weeks	6a-10a	2	2	3	3	2			12	1:00	Spot	1	12	25.88	310.56
02	02/27/2024 - 03/04/2024	All Weeks	10a-3p	2	3	2	2	3			12	1:00	Spot	1	12	25.88	310.56
03	02/27/2024 - 03/04/2024	All Weeks	3p-7p	2	2	3	3	2			12	1:00	Spot	1	12	25.88	310.56
04	03/01/2024 - 03/01/2024	All Weeks	6a-7p					1			1	1:00	Spot	1	1	24.71	24.71
05	03/02/2024 - 03/03/2024	All Weeks	6a-7p						5	5	10	1:00	Spot	1	10	16.59	165.90

Notes and Special Instructions

Notes and Special Instructions																	
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Broadcast Month Projected Billing [Gross]

Month	Projected Billing [Gross]
Jan-2024	0.00
Feb-2024	0.00
Mar-2024	1,122.29
Q1-2024	1,122.29

Confirmed Correct; Payment Guaranteed

Accepted for WTYE