

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, KENDRA MITCHELL, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name:  
DAVE SEVERIN

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Authorized committee:  
FRIENDS OF DAVE SEVERIN

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Agency requesting time (and contact information):  
 N/A

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Candidate's political party:  
REPUBLICAN

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Office sought (no acronyms or abbreviations):  
116TH DISTRICT STATE REPRESENTATIVE

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Date of election:  General  Primary  
MARCH 19, 2024

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Treasurer of candidate's authorized committee:  
KENDRA MITCHELL

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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: <i>Kendra Mitchell</i>	Signature: <i>Ch...</i>
Name: KENDRA MITCHELL	Name: Christopher Hugo
Date of Request to Purchase Ad Time: 1/22/2024	Date of Station Agreement to Sell Time: 1/23/24

**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: 1/22/24

**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 #: <u>0985-002</u>	Station Call Letters: <u>WQRL-FM</u>	Date Received/Requested: <u>1/22/24 - 1/23/24</u>
Est. #: <u>N/A</u>	Station Location: <u>Benton (IL) / Marion (IL)</u>	Run Start and End Dates: <u>1/25/24 - 3/19/24</u>

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.



WQRL-FM  
 P.O. BOX 1508  
 MOUNT VERNON, IL 62864

## WQRL-FM Order Confirmation

OrderID: 0985-002

Sponsor: FRIENDS OF DAVE SEVERIN  
 Product: FRIENDS OF DAVE SEVERIN  
 Estimate/PO:  
 AccountRep: POLITICAL  
 BillingCycle: Calendar Month  
 InvoiceType: None-Statement Only  
 Run Dates: 1/25/2024 - 3/19/2024  
 Items Ordered: 80  
 Ordered Amount: \$980.00

FRIENDS OF DAVE SEVERIN  
 P O BOX 10  
 BENTON, IL 62812

### Scheduled Station(s): WQRL-FM FRIENDS OF DAVE SEVERIN

Printed 1/23/2024 2:23:03 PM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 1/25/2024 - 2/1/2024	All Weeks	06:00 AM - 07:00 PM	3	3	3	3	3			15	:30	Spot		734	18	16.00	288.00
02 2/2/2024 - 2/2/2024	All Weeks	06:00 AM - 07:00 PM					2			2	:30	Spot		734	2	16.00	32.00
03 2/5/2024 - 3/8/2024	All Weeks	06:00 AM - 07:00 PM	2	2		2	2			8	:30	Spot		734	40	11.00	440.00
04 3/11/2024 - 3/19/2024	All Weeks	06:00 AM - 07:00 PM	3	4	3					13	:30	Spot		734	20	11.00	220.00
<b>Calendar Month Projected Billing:</b>																	
	Jan-24	240.00		Feb-24		410.00		Mar-24		330.00				Q1-2024			980.00

Confirmed Correct; Payment Guaranteed

Accepted for WQRL-FM

WITHERS BROADCASTING  
COMPANY OF ILLINOIS  
219 WITHERS DR  
MOUNT VERNON IL 62864  
618/242-3500

**SALE**

# Withers Broadcasting Companies

REF#: 00000006  
Batch #: 023001 RRN: 316483209  
01/23/24 13:29:00  
AVS: Z CVC: M  
Invoice #: 4  
APPR CODE: 313252  
VISA Manual CP  
\*\*\*\*\*9359 \*\*\*

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  
South Kingshighway, PO Box 558 | Cape Girardeau, MO 63701 | (573) 339-7000  
101 Industrial Drive | Sikeston, MO 63801 | (573) 471-1520  
1700 North 8<sup>th</sup> Street, PO Box 7501 | Paducah, KY 42001 | (270) 538-5251

## One-Time Credit Card Payment Authorization Form

**AMOUNT \$2,500.00**

Complete this form to authorize Withers Broadcasting Companies to make a one-time payment to your credit card listed below.

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

APPROVED

Complete the information below:

X \_\_\_\_\_

I AGREE TO PAY ABOVE TOTAL AMOUNT  
IN ACCORDANCE WITH CARD ISSUER'S  
AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)  
RETAIN THIS COPY FOR STATEMENT  
VERIFICATION

Kendra Mitchell authorize Withers Broadcasting Cos. to charge my credit card  
(full name)  
for the amount of \$2500 on or after 1/23/2024. This payment is for  
(amount) (date)  
Severus on \_\_\_\_\_  
(station(s) utilized)  
Advertiser: PO Box 10  
Benton, IL 62812

Thank You  
Please Come Again

Phone# 618-513-5385  
Email mitchellkendra@icloud.com

MERCHANT COPY

Account Type:  Visa  MasterCard  AMEX  Discover

~~XXXXXXXXXX~~

redacted

SIGNATURE Kendra Mitchell

DATE 1-23-24

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.