CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.					
1, Jonathan Verticonio	, hereby request station time as follows:				
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE				
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED.				
Candidate name:					
Jonathan Verticano					
Authorized committee:					
Jono Verticinio for Circuit Judge					
Agency requesting time (and contact information):					
N/A					
Candidate's political party:					
Republican					
Office sought (no acronyms or abbreviations):					
Circuit Court Judge					
Date of election:	General Primary				
March 19, 2024					
Treasurer of candidate's authorized committee:					
Angela Verticchio					
The undersigned represents that:					
(1) the payment for the broadcast time requested has been fur					
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.					
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:	Signature: 1				
Name: Juno Verticouro	Name: BRIAN TAZLEY				
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: 2/14/24				

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	7 - 1 - 2 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1					
Signature:							
Name:							
Date:							
TO BE COMPLETED BY STATION ONLY							
Ad submitted to Station? Yes No							
Date ad received: 2/14/3024							
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	D)*					
Rejected – provide reason (optio	nal):						
*Upload partially accepted form, then pro	omptly upload updated final form when co	omplete.					
Date and nature of follow-ups, if any (e.g.	., insufficient sponsor ID tag):						
Contract #:	Station Call Letters:	Date Received/Requested:					
WITH CHARLES AND THE PROPERTY OF THE PARTY O	WSMI-FM	2/19/24					
Est. #:	Station Location:	Run Start and End Dates:					
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.							



TALLEY BROADCASTING CORP ID# 37-0904325

Please Remit To: P.O. Box 10 Litchfield, IL 62056

Phone: 217-324-5921; 217-532-2066; 217-854-2312 FAX: 217-532-2431

Contract Confirmation WSMI-FM

Page: 1 Date: 2/19/24

Account Name:

JONO VETICCHIO FOR CIRCUIT COU

Contract Number: 3092302 Revision Number: 1

JONO VETICCHIO FOR CIRCUIT COU 238 EAST SIDE SQUARE CARLIVILLE, IL 62626

Mon Tue Wed Thu Fri Sat Sun WeeksOn WkUnit TotlUnit TotalAmt Date Range Dayparting Len Rate All 4 \$124.00 A 2/07/24- 2/10/24 7:00a- 8:30a 30s \$31.00/spt 1 4 A 2/12/24- 3/02/24 7:00a- 8:30a 30s \$31.00/spt 1 All 6 18 \$558.00 1 2 \$62.00 2 A 3/04/24- 3/05/24 7:00a- 8:30a 30s \$31.00/spt 1 All 3 All 3 \$84.00 B 2/07/24- 2/09/24 12:00p- 1:00p 30s \$28.00/spt 1 1 B 2/12/24- 3/01/24 12:00p- 1:00p 30s \$28.00/spt 1 All 15 \$420.00 All 2 2 \$56.00 B 3/04/24- 3/05/24 12:00p- 1:00p 30s \$28.00/spt \$23.00 All 1 1 C 2/10/24- 2/10/24 12:00p- 1:00p 30s \$23.00/spt 1 \$23.00/spt All 1 3 \$69.00 C 2/17/24- 3/02/24 12:00p- 1:00p 30s 30 30 \$337.50 D 2/21/24- 2/25/24 4:00a-11:00p 30s \$11.25/spt 6 6 6 All \$11.25/spt 6 6 6 6 6 All 42 42 \$472.50 D 2/26/24- 3/03/24 4:00a-11:00p 30s 6 D 3/04/24- 3/05/24 4:00a-11:00p 30s 12 12 \$135.00 \$11.25/spt 6 All

CONTRACT TOTAL:

\$2,341.00

132 Units

Month	Units	Total	Month	Units	Total
Feb24	94	\$1,772.50	Mar24	38	\$563.50

Accepted By

Client Signature

Accepted By

Station Signature