AGENCY NAME	` \(Me		□New Order		🗆 Revised Order	der □New Address		TTE
Acency Name	4 40 ⋅	4DK	ADVERTIE	SER NAME Address	DANI	D QUIROR		CUSTOMER PO# NOTARY REQUIRED PRODUCT CODE	D RRINT TIMES
Salesperson Commission Copy Discount: Copy Discount: Copy			AGEN	CY NAME	TRIE	was of B	MID QUIROA	RECT	RECEIVABLES ACCOUNT TRADE OTHER
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,	Monthly Totals Jan Feb	Mar	Y H		May	June	Special Instr	uctions — Ab 8-9Am	Order Totals Total Spots
Aug Sep Oct Nov	Jul Aug	Sep	0		Nov	Dec		۶ ک	Total Dollars \$ 350

 \times

WADK-AM 23 JT CONNELL HWY NEWPORT, RI 02840 401-846-1540

Order #:

1098-00002

Description:

campaign 2022

Date Entered:

11/3/2022

P.O.#:

Salesperson: Political, Adv.

Invoice Frequency: Billed at end of Media/EOS, Sorted by Date Notary Req'd

FRIENDS OF DAVID QUIROA 9 LEDYARD STREET NEWPORT, RI 02840 USA

On-Air Schedule

Start Date End Date Station Scheduled Time/Event Repeated Length Qty Rate <u>Sa</u> **Total** M <u>Tu</u> W <u>Th</u> <u>F</u> <u>Su</u> 11/4/2022 11/8/2022 WADK-AM 06:30:00a to 12:00:00p Weekly :30 25 0.00 0.00 5 0 0 5 5 5

Order Start Date: 11/4/2022

Order End Date: 11/8/2022

Spots: 25

Total Charges:

\$0.00

This station has a two week cancellation policy/30 day cancellation for paid programs

This station does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, gender, national origin, or ancestry.

Projected Media Month/End-Of-Schedule Billing Totals for FRIENDS OF DAVID QUIROA / 1098-00002 : Spot Count Net Billing	,	Time I am I		
<u>Spot Count</u> <u>Net Billing</u>				
		Spot Count	Net Billing	
November 2022 25 \$0.00	November 2022	25	\$0.00	

Confirmed & Accepted for WADK-AM By:	Accepted for FRIENDS OF DAVID QUIROA By:

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.	
1, DAVID QUIROA		
	, hereby request station time as follows:	
IDENTIFY CANDIDATE TYPE FEDE	RAL CANDIDATE	
	OR LOCAL CANDIDATE	
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED	
Candidate name:		
DAVID QUIRDA	·	
Authorized committee:		
FRIENDS of DAVID QUIROA		
Agency requesting time (and contact information):		
N/A		
Candidate's political party:		
REPUBLICAN		
Office sought (no acronyms or abbreviations):		
WAL STATE SENATE (RHODE ISLAND) -	DISTRICT 17	
Date of election: $11/8/2022$	General Primary	
Treasurer of candidate's authorized committee:		
DAVID QUIROA		
The undersigned represents that:		
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):	
the candidate listed above who is a legally qualified car	didate, or	
the authorized committee of the legally qualified candi	date listed above;	
(2) this station is authorized to announce the time as paid for b	y such person or entity; and	
(3) this station has disclosed its political advertising policies, including and other sales practices.	luding applicable classes and rates, discount, promotion	
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY	
Candidate/Committee/Agency	Station Representative	
Signature:	Signature:	
Name: DAVIS QUIROA	Name:	
Date of Request to Purchase Ad Time: 11/3/2022	Date of Station Agreement to Sell Time: $i1/3/2022$	