

StaRadio

Advertiser: FRIENDS OF COLTON EKHOFF  
Order #: 2538325686456  
Date Entered: 02/29/2024  
Last Modified: 02/29/2024  
Product: 2024 Primary push  
Salesperson: Sean Delby  
Billing Cycle: Broadcast Standard  
Estimate #:

FRIENDS OF COLTON EKHOFF  
10839 E 4000 N ROAD  
MOMENCE, IL 60954

Order Date Range: 03/04/2024 through 03/19/2024 (3 weeks)  
Media Outlets: WKAN-AM, WXNU-FM

On-Air Schedule

#	Dates	Station	Time/Program	Len	Mo	Tu	We	Th	Fr	Sa	Su	S/W	Rate	Qty	Total
1	03/04/24-03/19/24	WKAN-AM	06:00AM-09:00AM	30	2	2	2	2	2	--	--	10	16.00	24	384.00
2	03/16/24-03/17/24	WKAN-AM	05:00AM-12:00AM	30	--	--	--	--	--	2	2	4	9.00	4	36.00
3	03/18/24-03/19/24	WKAN-AM	09:00AM-07:00PM	30	6	6	--	--	--	--	--	12	15.00	12	180.00
4	03/14/24-03/17/24	WXNU-FM	05:00AM-12:00AM	30	--	--	--	4	5	5	5	19	14.00	19	266.00
5	03/18/24-03/19/24	WXNU-FM	06:00AM-07:00PM	30	8	8	--	--	--	--	--	16	22.00	16	352.00

Station Totals

Station	On-Air Count	Digital Count	Web Count	Other Count	Gross Billing	Net Billing
WKAN-AM	40	0	0	0	\$600.00	\$600.00
WXNU-FM	35	0	0	0	\$618.00	\$618.00
<b>Totals</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$1,218.00</b>	<b>\$1,218.00</b>

Total Charges: \$1,218.00  
Total Net: \$1,218.00

Pre-emptible rates

Projected Billing By Broadcast Standard Month

Month	Year	Gross Billing	Net Billing
March	2024	\$1,218.00	\$1,218.00
<b>Totals</b>		<b>\$1,218.00</b>	<b>\$1,218.00</b>

  
Accepted for StaRadio



Accepted for advertiser OR agency as agent for the advertiser

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, COLTON EKHOFF, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

COLTON EKHOFF

Authorized committee:

FRIENDS OF COLTON EKHOFF

Agency requesting time (and contact information):

N/A

Candidate's political party:

REPUBLICAN

Office sought (no acronyms or abbreviations):

KAWKAKEE COUNTY AUDITOR

Date of election:

MARCH 19, 2024

General

Primary

Treasurer of candidate's authorized committee:

COLTON EKHOFF

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.

**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:
Name: <u>COLTON EKHOFF</u>	Name: <u>SEAN DELBY</u>
Date of Request to Purchase Ad Time: <u>2-29-24</u>	Date of Station Agreement to Sell Time: <u>2-29-24</u>

**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: 2/1/2024

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 (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 #: <u>2027890</u>	Station Call Letters: <u>WYAN/WXNU</u>	Date Received/Requested: <u>2/29/2024</u>
Est. #: <u>N/A</u>	Station Location: <u>KAWKAGEE FL</u>	Run Start and End Dates: <u>3/4/24 → 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.