

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Kristie Tweed, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Steve Doyle

Authorized committee:

Friends of Steve Doyle

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democrat

Office sought (no acronyms or abbreviations):

State Assembly Representative

Date of election:

Nov. 5th 2024

General

Primary

Treasurer of candidate's authorized committee:

David Morrison, Treasurer

I, the undersigned, represents that:

1. Payment for the broadcast time requested has been furnished by (check one box below):

a. the candidate listed above who is a legally qualified candidate, or

b. the authorized committee of the legally qualified candidate listed above;

2. Payment is authorized to announce the time as paid for by such person or entity; and

3. Payment has disclosed its political advertising policies, including applicable classes and rates, and its promotional and sales practices (not applicable to federal candidates).

STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Agency/Committee/Agency

Station Representative

Signature:

Kristie L Tweed

Signature:

Corri Moran

Name:

Kristie Tweed

Name:

Corri Moran

Date of Request to Purchase Ad Time: 4-30-24

Date of Station Agreement to Sell Time: 4/30/24

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:

Kristie L Tweed

Name:

Kristie Tweed

Date:

4-30-24

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

4-30-24

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:

Initially accepted form, then promptly upload updated final form when complete.

nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

<i>14556</i>	Station Call Letters: <i>KDWB, WKTY, WIZM-AM</i>	Date Received: <i>4/30/24</i>	Requested: <i>24</i>
<i>NA</i>	Station Location: <i>LaCrosse WI</i>	Run Start and End Dates: <i>5/6/24 - 5/31/24</i>	

er, the form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or document schedule of time purchased, when spots actually aired, the rates charged and the classes of time or attachment separately. If station will not upload the actual times spots aired until an invoice is generated, the name of person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in

the OPIF: