

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Bob Williams, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡

☐
☒

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Bob Williams

Authorized committee:

Bob Williams for Mayor

Agency requesting time (and contact information):

☒

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Mayor of Harrodsburg

Date of election:

11-7-23

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

Brooke Williams

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: <u>Robert Williams</u>	Signature: <u>Robert Wagner</u>
Name:	Name: <u>Robert Wagner GM 11/2/23</u>
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: <u>11/2/23</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 ONLYAd submitted to Station? ☒ Yes ☐ NoDate ad received: 11/2/23Federal 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 #:

Station Call Letters: WHRNDate Received/Requested: 11/2/23

Est. #:

Station Location: Albany KYRun Start and End Dates: 11/3-11/17/23

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.

W H I R W H B N W R N Z
HOMETOWN RADIO NETWORK (INC)
2063 SHAKERTOWN ROAD
DANVILLE, KENTUCKY 40422
(859) 236-2711 OR 734-4321

HOMETOWN RADIO NETWORK
CONTRACT CONFIRMATION
11/02/23

USER CODE:
CONTRACT NUMBER: 26157 - MONTHLY
PAGE: 1
SALESREP: 6 ROBERT WAGNER
BILLING: CALENDAR
AFFIDAVIT: DATES & TIMES
CUSTOMER TYPE: POLITICAL
CONTACT: BOB WILLIAMS ~~XXXXXXXXXX~~

Co-op: GENERAL ELECTION 11/7/23

BOB110 BOB WILLIAMS FOR MAYOR
C/O BROOKE WILLIAMS
900 WHEATFIELD RD
HARRODSBURG KY 40330

ITEM No.	BEGIN DATE	END DATE	RATE	LEN	AM FM	CART	--SPOTS/DAY-- M T W T F S S	SCHEDULE RANGE	TOTAL SPOTS
1 STATIONS TO AIR WHBN AM	11/03/23	11/03/23	12.00	30			* PROGRAM 134(*99) MERCER CO HS FOOTBALL	4 10:00A 12:00M	4
2 STATIONS TO AIR WHBN AM	T 11/06/23	11/07/23	12.00	30			* 2 2	6:00A 10:00A	4
3 STATIONS TO AIR WHBN AM	T 11/06/23	11/06/23	12.00	30			* 2	3:00P 6:00P	2
4 STATIONS TO AIR WHBN AM	T 11/07/23	11/07/23	12.00	30			* 2	3:00P 5:00P	2

T - INDICATES TAP PLAN SCHEDULE

TOTAL SPOTS AND PROGRAMS : 12 144.00
TOTAL OF MONTHLY BILLING : 0.00
TOTAL CHARGES FOR CONTRACT: 144.00

NOVEMBER 23 AMOUNT
144.00