

Date: 3/11/2024

Start Date: 3/12/2024

End Date: 3/19/2024

**WEOL  
Time Order**

AM  FM \_\_\_\_\_

Page: 1 Of 1

New Order:

Supersedes Prior: \_\_\_\_\_

Addition: \_\_\_\_\_

Cancellation: \_\_\_\_\_

Advertiser: Dawn Walther for Recorder

Products: Political

Agency: \_\_\_\_\_

Pkg/Program: 6a - 7p

Address: 4324 Hickory Hill Ave.

Agency Commission  Direct

City, State: Lorain, OH

Co-Op \_\_\_\_\_ Print Times \_\_\_\_\_

Zip: 44052

AE: Polinsky

Contact Person: Matt Lundy

Phone: 440 258 7843 Fax: \_\_\_\_\_

<b>Check One:</b> <input type="checkbox"/> Announcements <input type="checkbox"/> Adjacency <input type="checkbox"/> Sponsorship <input checked="" type="checkbox"/> Political <input type="checkbox"/> Public Service <input type="checkbox"/> Promotional	<b>Options for Makegoods</b> <b>Check One:</b> <input checked="" type="checkbox"/> Same Flight/Week <input type="checkbox"/> Extended Schedule <input type="checkbox"/> Ask Salesperson	<b>Check if Applicable:</b> <input type="checkbox"/> REMOTE  <input type="checkbox"/> *See Attached Remote Form	<b>Contract #:</b> _____ <b>Cart#:</b> _____  <b>P.O.#:</b> 47293										
<b>Check One:</b> <input type="checkbox"/> Remit Invoice <input checked="" type="checkbox"/> Paid in Advance <input type="checkbox"/> Copy Confirmation/ Invoice To: Note Below	<b>Billing Cycle:</b> <input type="checkbox"/> Broadcast <input checked="" type="checkbox"/> Calendar	<b>Check One:</b> <input checked="" type="checkbox"/> New Address <input type="checkbox"/> On File	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Check One:</b></td> <td style="width: 50%;"><b>Check One:</b></td> </tr> <tr> <td><input checked="" type="checkbox"/> CASH</td> <td><input checked="" type="checkbox"/> Elyria</td> </tr> <tr> <td><input type="checkbox"/> Trade</td> <td><input type="checkbox"/> National</td> </tr> <tr> <td><input type="checkbox"/> Political</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Promotional</td> <td></td> </tr> </table>	<b>Check One:</b>	<b>Check One:</b>	<input checked="" type="checkbox"/> CASH	<input checked="" type="checkbox"/> Elyria	<input type="checkbox"/> Trade	<input type="checkbox"/> National	<input type="checkbox"/> Political		<input type="checkbox"/> Promotional	
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<input type="checkbox"/> Trade	<input type="checkbox"/> National												
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<input type="checkbox"/> Promotional													

Dates to Run	Length	Hours (Dayparts)	M	T	W	TR	F	SA	SU	Rates	Total per Wk	Total Weeks	\$ Total
3/12-3/15	30	6a-7p		6	6	6	6			\$35	24	1	\$ 840.00
3/18-3/19	30	6a-7p	6	6						\$ 35.00	12	1	\$ 420.00
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<b>Notes to Traffic/Accounting</b>	<b>Page Total</b>	<b>Spots/</b> 36	<b>Total:</b> \$ 1,260.00
<b>Deposit:</b>	<b>Contract Total</b>	<b>Spots/</b> 36	<b>Total:</b> 1260

Jan	Feb	Mar	Apr	May	June
			1260		
Jul	Aug	Sept	Oct	Nov	Dec

Additional Notes: \_\_\_\_\_

Approval Sales Manager: \_\_\_\_\_ GR: \_\_\_\_\_ Call Salesperson on this Order: \_\_\_\_\_

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

1 X Dawn Walther, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name: Dawn Walther

Authorized committee: X Dawn Walther for Recorder

Agency requesting time (and contact information):

N/A

Candidate's political party: DEMOCRAT

Office sought (no acronyms or abbreviations): County Recorder

Date of election: 3/19/24       General       Primary

Treasurer of candidate's authorized committee: X Tricia Chopcinski      Deputy Treasurer - Hayley Marques

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 (not applicable to federal candidates).

**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>Dawn Walther</u>	Signature: <u>Rob A. Polinski</u>
Name: <u>X Dawn Walther</u>	Name: <u>Rob A. Polinski</u>
Date of Request to Purchase Ad Time: <u>3/8/24</u>	Date of Station Agreement to Sell Time: <u>3/8/24</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: 3/10/24

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:

\*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: <u>Wool AM 930</u>	Date Received/Requested: <u>3/10/24</u>
Est. #:	Station Location: <u>Albany</u>	Run Start and End Dates: <u>3/12-3/19</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.