

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Kevin Wilson, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name:

Kevin Wilson

Authorized committee:

Kevin Wilson for Franklin County Clerk

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Franklin County County Clerk

Date of election:

11/8/22

General

Primary

Treasurer of candidate's authorized committee:

Self

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:	Signature:
Name: <u>Kevin Wilson</u>	Name: <u>Ashley Manuel</u>
Date of Request to Purchase Ad Time: <u>11/1/22</u>	Date of Station Agreement to Sell Time: <u>11/1/22</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: 11/1/22

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>WHET</u>	Date Received/Requested: <u>11/1/22</u>
Est. #:	Station Location: <u>West Frankfort / Marion</u>	Run Start and End Dates: <u>11/2/22 - 11/8/22</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.

KEVIN WILSON 03-18

1562

73-040/839

11/1/22

Date

CHECK ARMOR  
TRADE PROTECTION

Pay to the  
Order of

W. J. Lewis Broadcasting, Inc.

\$ 988 <sup>15</sup>/<sub>100</sub>

Nine hundred eighty eight and 15/100

Dollars



Photo  
Safe  
Deposit  
Details on back

For

*[Signature]*

MP

Hand Cut

TOUCH CUSTOM CREATIONS

**BROADCAST/INSERTION ORDER**

STATION(S) UTILIZED: WQRL WHET

(call letters only)

NEW ACCOUNT/ADVERTISER

Date: 11/1/2022

NEW ORDER

REVISION OR  ADDITION

Cart #:

(if revision or addition include confirmation number below)

CONFIRMATION #:

ACCT. EXECUTIVE: HOUSE

CUSTOMER TYPE:

LOCAL  TRADE  
 AGENCY  POLITICAL  
 KATZ  NON BILL

CLIENT #: \_\_\_\_\_ Schedule #: \_\_\_\_\_

ADVERTISER: KEVIN WILSON FOR FRANKLIN COUNTY CLERK

DOLLAR SAVING DEALS:

PACKAGE/BILLING ONLY  
 SPOTS ONLY  
 CERTIFICATE SALES (& ENTER PAYMENT)

AGENCY:

SALES TYPE:

BILLING INFO:

MAILING ADDRESS: P.O. BOX 21

NET  GROSS/AGENCY

TIME AFFIDAVIT:  YES NO

CO-OP:  YES NO

CITY: WEST FRANKFORT STATE: IL ZIP: 62896

BILLING CALENDAR:

BILLING TYPE:

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

STANDARD BROAD.

MONTHLY CAL.

Broadcast (Rate)

CONTACT NAME:

BILLING DELIVERY:

EMAIL/PDF

SPOT DATA

MAIL

Level (Monthly)

Variable

CONTACT EMAIL: ASHLEY@WQRLRADIO.COM

BILLING CONTACT:

BILLING EMAIL: ASHLEY@WQRLRADIO.COM

BUSINESS CATEGORY:

CO-OP DESCRIPTION: \_\_\_\_\_

JOB/EST./BUY#: \_\_\_\_\_

PROMOTION/PACKAGE/SPONSORSHIP: \_\_\_\_\_

Line	Length	Start Date	End Date	Begin Time	End Time	Rate	Ads/Week	MON	TUES	WED	THU	FRI	SAT	SUN
1	:30	11/2/22	11/6/22	6AM	7PM	\$7.72	48			8	10	10	10	10
2	:30	11/7/22	11/7/22	6AM	7PM	\$7.72	10	10						
3	:30	11/8/22	11/8/22	6AM	5PM	\$7.72	6		6					
4							0							
5			WHET	\$494.08	64 ADS		0							
6			WQRL	\$494.08	64 ADS		0							
7							0							
8							0							
9							0							
10							0							
11							0							
12							0							
						MONTH	\$ BILLED	# ADS		MONTH	\$ BILLED	# ADS		
						JAN				JUL				
						FEB				AUG				
						MAR				SEPT				
						APR				OCT				
						MAY				NOV		SEE BKDN		
						JUN				DEC				
Total Ads per Station:				128		INVESTMENT/station:		\$988.16						
OVERALL TOTAL:						OVERALL TOTAL:								

Approved by: \_\_\_\_\_

Comments: PREPAID IN FULL