CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

1, I'm Winters	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED
Candidate name: TIM T Winters Authorized committee:	
NA	
Agency requesting time (and contact information):	
N/A	
Candidate's political party:	
Rophlian	
Office sought (no acronyms or abbreviations):	
ClearFreld County Commission	₹
Date of election:	General Primary
Nov. 7	
Treasurer of candidate's authorized committee:	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):
the candidate listed above who is a legally qualified car	ndidate, or
the authorized committee of the legally qualified candi	date listed above;
(2) this station is authorized to announce the time as paid for b	y such person or entity; and
(3) this station has disclosed its political advertising policies, inc	- '
and other sales practices.	
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature: Name: Tim J Winters	Signature: Alberta Name: Lope Lewis
Date of Request to Purchase Ad Time: 10/19	Date of Station Agreement to Sell Time: 10) 19 / 33

Federal Candidate Certification:		
to an opposing candidate or, if it does, for a duration of at least four seconds a the candidate approved the broadcast	(2) contains a clearly identifiable photogrand a simultaneously displayed printed stand that the candidate and/or the candidations a personal audio statement by the contains a personal audio statement.	stement identifying the candidate, that late's authorized committee paid for the
Candidate/Authorized Committee	Agency	
Signature:	JV (11	
Name:		
Date:		
MINISTRAL TRANSPORT	O BE COMPLETED BY STATION	ONLY
	eek of 10/23/23	
Federal candidate certification signed (above): Yes 🗼 No	N/A
Disposition: Accepted Accepted IN PART (e.g., ad co) Rejected – provide reason (opt	py not yet received to determine sponsor ional):	· ID)*
*Upload partially accepted form, then p	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: WOSN/WCED	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates:

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.

Multi-Station Order Confirmation

OrderID: 1837-002

Sponsor: Tim Winters--Political Product: Tim Winters--Political

Estimate/PO:

AccountRep: POLITICAL - PA
BillingCycle: Calendar Month
InvoiceType: Times/Rates

Run Dates: 10/31/2023 - 11/7/2023

TIM WINTERS--POLITICAL 334 WEST 5TH STREET CLEARFIELD, PA 16830

Items Ordered: 84 Ordered Amount: \$578.60

Scheduled Station(s): WCED-AM / WDSN-FM Tim Winters--Political

	Run Dates	Run Weeks	Run Times		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Descripti	Avail Type	Copy ID	Qty	Item Cost	Total Cost
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Prio	MUS		Tim With											End Date	2)/11	17.71													Length		
	Station	AE	Advertiser	New Order	Cash	Trade	Non-Rev.	Agency	Email	Calendar				Start Date	10/31	11/17													Cart#		

All balances are due when presented. All balances over 30 days are subject to a finance charge of 1.5% per month. Since this contract is based on a discount rate this agreement is non-cancelable by either party for any reason other than seriously delinquent payments or cancellation of sponsored programing. All rates are NET to station.

Client Signature

Date

10/19/33

10/19/23

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delinquent payments or cancellation of sponsored programing. All rates are NET to station.

Date

Client Signature

Priority Communications

12 WEST LONG AVENUE DUBOIS, PA 15801 8143755260

10/19/23 10:07:54 AM Ref #: R292519936474 Authorization Code: 056519 Invoice #: Winters Political ad

Total: \$578.60 USD

Card Number: XXXXXXXXXXXX6948

Card Holder: TIM WINTERS

Card Brand: VISA

Business Name: Tim Winters

Thank you for your business!

Signature

Question about this receipt? Call us at 814-375-5260.