

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tim Winters, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
- STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:
Tim J Winters

Authorized committee:
NA

Agency requesting time (and contact information):
 N/A

Candidate's political party:
Republican

Office sought (no acronyms or abbreviations):
Clearfield County Commissioner

Date of election: Nov. 7 General Primary

Treasurer of candidate's authorized committee:
NA

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: 	Signature:
Name: <u>Tim J Winters</u>	Name: <u>Lori Lewis</u>
Date of Request to Purchase Ad Time: <u>10/19</u>	Date of Station Agreement to Sell Time: <u>10/19/23</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

N/A

Signature:

Name:

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: Coming week of 10/23/23

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 (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: <u>WDSN/WCEP</u>	Date Received/Requested: <u>10-19-23</u>
Est. #:	Station Location: <u>Durham</u>	Run Start and End Dates: <u>10-31-23/11-7-23</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.

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

Items Ordered: 84

Ordered Amount: \$578.60

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

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

Printed 10/19/2023 10:04:07 AM

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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
01 10/31/2023 - 11/6/2023	All Weeks	06:00 AM - 11:59 PM	7	6	6	6	6	6		37	:30	Spot	7719		37	12.80	473.60
02 11/7/2023 - 11/7/2023	All Weeks	06:00 AM - 07:00 PM		5						5	:30	Spot	7719		5	21.00	105.00

Calendar Month Projected Billing:

Oct-23	76.80	Nov-23	501.80	Dec-23	0.00	Q4-2023	578.60
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Confirmed Correct; Payment Guaranteed

Accepted for Multi-Station

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.