

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

FEDERAL CANDIDATE

STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location: <u>WDM-FM - Woodlawn, IL</u>	Date: <u>10/11/18</u>
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I, Marsha Griffin,
 being/on behalf of: Friends of Marsha Griffin,
 a legally qualified candidate of the Democrat
 political party for the office of: House District 115.
 in the Counties of the 115th District
 election to be held on: November 6th 2018

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Attach proposed schedule with charges (if available):

I represent that the payment for the above described broadcast time has been furnished by:

Friends of Marsha Griffin

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Teena White

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional 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.

To Be Signed By Candidate or Authorized Committee

10-1-2018 Marsha Griffin
Date Signature

To Be Signed By Station Representative

Accepted Accepted in Part Rejected
Lisa Roddy Lisa Roddy 10-1-18
Signature Printed Name Title

STATION UTILIZED: WDML FM

BROADCAST/INSERTION ORDER

Date: 10/1/2018

Cart #: _____

SALES EXECUTIVE House

CLIENT #: _____ Schedule #: _____

ADVERTISER: Friends of Marsha Griffin

AGENCY: _____

BILLING ADDRESS: PO Box 899

CITY: Jonesboro STATE: IL ###

PHONE # _____ FAX # _____

CONTACT _____

EMAIL ADDRESS: _____

BUSINESS TYPE: _____

NEW ACCOUNT
 NEW ORDER
 REVISION/ADDITION

TO: _____
 SCHEDULE _____

CUSTOMER TYPE:
 LOCAL POLITICAL
 TRADE / BARTER NON-BILL
 AGENCY KATZ

SALES TYPE:
 GROSS / AGENCY
 NET

TIME AFFIDAVIT YES / NO

BILLING CALENDAR: STANDARD Broadcast
 MONTHLY Level

CO-OP DESCRIPTION: _____ JOB/EST/BUY# Political

CO-OP DESCRIPTION: _____ SPONSORSHIP: _____

Item	Length	Start Date	End Date	BeginTime	End Time	Rate	#ads	M	TU	W	TH	FR	SA	SU
1	:60	10/3/18	10/5/18	6A	7P	\$11.25	11			3	4	4		
2	:60	10/8/18	10/20/18	6A	7P	\$11.25	36	3	3	3	3	3	3	
3	:60	10/22/18	11/3/18	6A	7P	\$11.25	48	4	4	4	4	4	4	
4	:60	11/5/18	11/5/18	6A	7P	\$11.25	3	3						
5	:60	11/6/18	11/6/18	6A	5P	\$11.25	2		2					
6														
7														
8														
9														
10														
11														
12														

CONTRACT INFORMATION:		MONTHLY TOTAL OF \$ BILLED / # OF ADS	
	Jan-07		Jul-07
	Feb-07		Aug-07
	Mar-07		Sep-07
	Apr-07		Oct-07
	May-07		Nov-07
	Jun-07		Dec-07
CONTRACT: # OF ADS	100	INVESTMENT:	NET \$1,125.00
TOTALS: List by Station(s)		List by Stations(s)	

Approved by: _____
 Comments: _____

Pay to the Order of
WITHERS Broadcasting
Five Thousand Six Hundred Dollars
\$5,016

DATE 10-1-16

2205

FRIENDS OF MARSHA GRIFFIN
PO BOX 899
JONESBORO, IL 62952

First Mid-Illinois Bank & Trust
Marysville, Illinois 62966

Photo Deposit
Mailed on back

Handwritten: **Medical Ads**
Handwritten: **Friends of Marsha Griffin**

X
 75 &
 CASH