

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tom Benzshawel, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Tom Benzshawel

Authorized committee:

N/A

Agency requesting time (and contact information):

N/A

Candidate's political party:

N/A

Office sought (no acronyms or abbreviations):

City of Sturgeon Bay Council District 6

Date of election:

April 2, 2024

General

Primary

Treasurer of candidate's authorized committee:

N/A

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

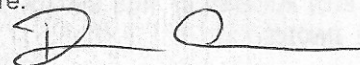
Station Representative

Signature:

Tom Benzshawel

Digitally signed by Tom Benzshawel
DN: cn=Tom Benzshawel, email=tb@stb.net
Reason: I am the author of this document
Date: 2024.04.02 12:17:06-0500
PDF GENERATED BY STATION

Signature:



Name: Tom Benzshawel

Name: Danny Allen

Date of Request to Purchase Ad Time: 2/28/2024

Date of Station Agreement to Sell Time: 02/28/2024

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: _____

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: WDOR/WDOR FM	Date Received/Requested: 03/18/24
Est. #:	Station Location: Sturgeon Bay, WI	Run Start and End Dates: 03/18/24 - 04/02/24

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.



93.9 FM • 910 AM

Date	03/20/24
AM/FM/SC	

Comments
Political Advertising Bill in March please

Cust. #		New/Modify	New
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Name	Tom Benzshawel
Address	
City, State, Zip	

Contact	
Phone #	
email	

Announcement Name
Benzshawel for Alderman

Order No.	
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Start Date	03/28/24
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Length	:30
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Salesperson	8 - Chad
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End Date	04/02/24
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Cart #	6318
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Co-op	
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With	
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Discount	
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Sun	Mon	Tue	Wed	Thu	Fri	Sat	Begin Time	End Time	Rate	P/U	Week	Sponsor
				1	2	1	6a	8a	\$13.00		1	
				1	2	1	12p	1p	\$13.00		1	
					3	3	8a	6p	\$7.50		1	
1							6a	8a	\$7.50		2	
	2	2					6a	8a	\$13.00		2	
	2	1					12p	1p	\$13.00		2	
	4						8a	6p	\$7.50		2	
		3					8a	12p	\$7.50		2	

Total Spots	29
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Billing Total	\$300.00
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IF TFN	Total Spots	
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TFN Rate		TFN Weeks	1
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TFN Billing Total	\$0.00
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Advertiser Authorized Signature	
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Date	
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WDOR Representative	
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Date	
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