

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, ANDY LEIGHTON, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

ANDY LEIGHTON

Authorized committee:

LEIGHTON FOR DEMOCRACY

Agency requesting time (and contact information):

N/A

Candidate's political party:

DEMOCRAT

Office sought (no acronyms or abbreviations):

STATE REPRESENTATIVE HOUSE DISTRICT 147

Date of election:

NOVEMBER 8, 2022

General

Primary

Treasurer of candidate's authorized committee:

RON NORTH

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:



Name: ANDY LEIGHTON

Signature:



Name: KEVIN A SCHAPER

Date of Request to Purchase Ad Time: 10 27 22

Date of Station Agreement to Sell Time: 10 27 22

WITHERS BROADCASTING
 COMPANY OF MISSOURI
 901 S KINGSHIGHWAY
 CAPE GIRARDEAU, MO 63703
 573/339-7000

Withers Broadcasting Companies

SALE

1 Broadway, PO Box 1508 | Mt. Vernon, Illinois 62964 | (618) 242-2500
 2 North Court Street, PO Box 1
 h Kingshighway, PO Box 558 |
 101 Industrial Drive | Sikes
 J North 8th Street, PO Box 750 +

Batch #: 300001 REF#: 00000001
 10/27/22 RRN: 212824041
 AVS: Z 12:43:45
 Invoice #: 1 CVC: M
 APPR CODE: 111110
 VISA Manual CP
 *****4923 **/**

282.40	494.10
846.90	+ 741.15
1129.30	1235.25

One-Time Credit Card P

Use this form to authorize W
 or credit card listed below.

WKIB KGM0

AMOUNT \$2,364.55

When you give us permission
 indicated date. This is perm
 ation for any additional un

total: 2364.55

APPROVED

Provide the information below

Leighton authorize (name)

below for 2364.55 on or after 10 27 22 (amount) (date). This payment is for

for Democracy on KGM0, KRKZ, WKIB, KOXY (advertiser) (station(s) utilized)

I AGREE TO PAY ABOVE TOTAL AMOUNT
 IN ACCORDANCE WITH CARD ISSUER'S
 AGREEMENT
 (MERCHANT AGREEMENT IF CREDIT VOUCHER)
 RETAIN THIS COPY FOR STATEMENT
 VERIFICATION

Thank You
 Please Come Again

MERCHANT COPY

Billing Address PO Box 763
 City, State, Zip Cape Girardeau 63702

Phone# 573 275 1642

Email andy@leightonfordemocracy.com

Account Type:	<input checked="" type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	<u>Andrew Leighton</u>			
Account Number	<u>4355 3608 3029 4923</u>			
Expiration Date	<u>09/26</u>			
CVV	<u>182</u>			

SIGNATURE by phone DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.