(check applicable box)

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

✓ FEDERAL CANDIDATE	□ STATE/L	OCAL CANDIDATE
To Avail Themselves of The Lov Window, Federal Candidates Mu		
Station and Location: w JMT MGRR1	LL WI	Date:
I, Robert Quigley		
being/on behalf of: Robert Quigley		, a legally
qualified candidate of the Independent Candidate	For President (No Rea	nl Party) political

do hereby request station time as follows:

election to be held on: November 5, 2024

in the General Election

party for the office of: President of the United States

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

Total Charges:	See Schedule

For programming that, in whole or in part, "	communicates a message	relating to any	political matter o	f
national importance," list the matters below:				

(1) Presidential Candidate Introduction
(2) August 2023 National Poll Numbers
(3) Write-In Candidate Status Statement (4) Brief Summary Platform Introduction
(5) Website Address Communication
I represent that the payment for the above described broadcast time has been furnished by:
Robert Quigley For President Campaign
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:
Huei Lan Hsu
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).
To Be Signed By Candidate or Authorized Committee

To Be Signed By Candidate or Authorized Committee

8/4/2023	Robert Quigley
Date	Signature

To Be Signed By Station Representative

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CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

I, R	obert Quigley								
			zed committee) hereb oursuant to this agree	by certify that the programming ment:					
	□ doe	es	☑ does not						
		candidate (check oes refer to an opp		urther certify that for the					
(che	ck applicable bo	ox)							
V	the 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.								
	the television programming 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.								
Robe	rt Quigley		4						
		signature of car	ndidate or authorized co	mmittee					
Rob	ert Quigley	= 16		8/4/2023					
		printed name		date					

SUNRISE BROADCASTING CONTRACT

□ WAVL ⊠ WJMT

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Phon	e:	ngton Cell:				Fax				· Pi	roduct Name:		
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PO	м.	Quigley for Pres							***************************************				
													
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