

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>WRHL/WYOT Rochelle IL</u>	Date: <u>2/1/24</u>
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I, CHAD HORNER,
 being/on behalf of: HORNER FOR CORONER,
 a legally qualified candidate of the Republican
 political party for the office of: Ogle County Coroner
 in the Primary
 election to be held on: March 19, 2024

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
:30	5A-10A	M-Sat	-	WRHL=10 WYOT=5	

Attach proposed schedule with charges (if available):

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

Chad Horner For Ogle County Coroner

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:

Brent Ohlinger

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

Feb. 2/24

Date

Chad G. Horner

Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

[Signature]
Signature

Kris [Signature]
Printed Name

2/1/24
Title

date: 2/1/24 WKRAL new order:

supersedes contract #: _____
 start date: 2/5 end date: 2/29
 AM FM

advertiser: Chad Horner advertiser #: _____
 agency: _____ agency #: _____
 address: _____
 city/state/zip: _____
 contact person: _____
 telephone: _____
 log listing: _____
 competing products: _____
 package/program: _____
 P.O. # / EST. # _____
 agency commission _____% co-op
 sales person: _____ s.s. # _____ commission _____
 rep/rep office: _____ rep/rep office #: _____
 notes to traffic & accounting: _____

contract

check one:
 announcement
 sponsorship
 political
 public service
 promotional

contract #: 6451-000
 account #: _____
 cart #: _____
 income account: _____

check one:
 remit invoice
 cash in advance

check one:
 agency
 direct

check one:
 stand broadcast mo.
 calendar month

check one:
 local
 regional
 national

check one:
 end of flight
 weekly invoice
 monthly invoice
 special cycle
 describe: _____

check one:
 cash
 trade
 non-commercial

options for make good
 check one:
 same flight
 same week
 extend schedule
 dollar for dollar
 credit
 ask salesperson

production new
 no change
 change
 form attached

continuity new
 no change
 change rotation
 form attached

dates to run	len	hours to run (daypart)	m	t	w	t	f	s	s	x	rate	#/wk	\$/wk	\$ total	
2/5-2/24	30	610A	1	1	1	1	1				12			180	
		710A	1	1	1	1	1				12			180	
		810A	1	1	1	1	1				12			180	
		910A	1	1	1	1	1				12			180	
2/10	30	710A						1			12			12	
2/17		710A						1			12			12	
2/24		710A						1			12			12	
2/26-2/29	30	610A	1	1	1	1					12			48	
		710A	1	1	1	1					12			48	
		810A	1	1	1	1					12			48	
		910A	1	1	1	1					12			48	
													79 ads		
jan	feb	mar	apr	may	jun									total	4948
july	aug	sep	oct	nov	dec										

advertiser: _____ salesperson: KW approved by: _____
 date: _____ date: _____ entered by: _____

