: vvinOi-Fivi

Unmeasured Market

OHUEH#: 3213329
AMOUNT: \$832.00

DAIE:

UZ/U0/ZUZ4

REF

Regional Reps Non-Rep

SPOTS: 52

AGENCY:

MEDIA FINANCIAL SERVICES 1655 Palm Beach Lakes Blvd.

WEST PALM BEACH, FL 33401

Invoices@MediaFinancial.com

9th Fl. Suite 903

MOD:

Stn Ver: 3 Last:

olli vel. o Last.

PHILADELPHIA

SLS PH: 216-256-5304

SALES OFFICE: SALESPERSON:

Heather Karban

SLS FAX: N/A

SLS EMAIL:

Heather.Karban@GenMediaPartners.com

AGENCY:

MEDIA FINANCIAL SERVICES

AGY CLI:

CONTRACT # FOR INVOICING 4455118

ADVERTISER:

Americans for Matt Hall

AGY PRD:

INVOICE: MEDIA FINANCIAL SERVICES

PRODUCT:

EST 0335 (2/6-2/12) HD 110 IL

AGY EST: 0335

1655 Palm Beach Lakes Blvd.

9th FI, Suite 903

MECT DALM DE

WEST PALM BEACH, FL 33401

FLIGHT:

02-06-2024 TO 2/18/2024

[X]Unwired []Spot []Mod

Invoices@MediaFinancial.com

TOT # OF WEEKS: 2

PRIM. DEMO: SEC. DEMO: Adults 35+

[X]Cash []Trade

SPOT TYPE:

LAST SENT: 02/06/2024 11:51

WEEK#2

		-	313:03		5	1
2/	TR	2024	To	2/1	8/2	2024
	7				-	

WK TOT \$207.25

WK TOTAL SPOTS 13

MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/WK	RATE	WEEKLY TOTAL
R	5	-	秒	6:00AM	7:00PM	60	2/18/2024	2/18/2024	4	\$15.25	\$61
R	6		M	3:00PM	7:00PM	60	2/12/2024	2/18/2024	3	\$16.25	\$48.75
R	7		M	10:00AM	3:00PM	60	2118/2024	2/18/2024	3	\$16.25	\$48.75
R	8		M	6:00AM	10:00AM	60	2/12/2024	2/18/2024	3	\$16.25	\$48.75

TOTAL	Feb						Total
SPOT	52						52
CASH	832.00						832.00
TOTAL	832.00						832.00

VVINOI-FIVI

UHUEH#: 3213529

DAIE:

UZ/U0/ZUZ4

MA REF **Unmeasured Market** Regional Reps Non-Rep **AMOUNT:** \$832.00

AGENCY:

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MOD:

SPOTS: 52

WEST PALM BEACH, FL 33401

Stn Ver: 3 Last:

SALES OFFICE: **PHILADELPHIA** SLS PH: 216-256-5304

SALESPERSON:

Heather Karban

SLS EMAIL:

SLS FAX: N/A

Heather.Karban@GenMediaPartners.com

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[X]Unwired []Spot []Mod

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PRIM. DEMO:

Adults 35+

[X]Cash []Trade

SPOT TYPE:

LAST SENT: 02/06/2024 11:51

SEC. DEMO: COMMENTS

02/06/2024: REVISION TO CORRECT RATESr, traffic: 2/6-2/12, ISCI THANKS BLAINE 2.6 - RUN 100%. please confirm through exchange if able, if not confirm to melissa.costello@genmediapartners.com.

THIS IS AN UNWIRED NETWORK ORDER. SEND INVOICES ELECTRONICALLY OR TO INVOICES@MEDIA FINANCIAL.COM BY THE 3RD OF THE MTH AFTER THE BROADCAST MTH HAS AIRED. MFS ELECTRONIC INVOICES: RADIOINVOICES.COM: RI12580 OR 9912580; MARKETRON: 120873; SpotData: IDB#1828; EMEDIATRADE: EMT10263.

ONLY UPON PAYMENT FROM THE AGY WILL MFS REMIT TO STATION. PAYMENT TO STATION WILL BE PROCESSED WITHIN 7 DAYS AFTER RECEIPT FROM AGENCY.

Rates are agency gross. By accepting and running this order this station agrees to pay Regional Reps 15% commission on the gross amount of this order. Invoices/affidavits of performance are due no later than 7 days after the end of each broadcast month.

*** SEND INVOICES TO MEDIA FINANCIAL SERVICES, BROADCAST MONTH.*** Invoices must have estimate number, advertiser, gross & net totals. also invoices must have date/time/rate/spot length/ isci codes per spot on affidavit.

2/9/2024 To 2/14/2024 WEEK#1 **WK TOT \$624.75 WK TOTAL SPOTS 39**

MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/WK	RATE	WEEKLY TOTAL
R	1		TWIF.	6:00AM	7:00PM	60	2/8/2024	2/1/2024	9	\$15.25	\$137.25
R	2		. AMIF. Well	3:00PM	7:00PM	60	2/6/2024	2/9/2024	10	\$16.25	\$162.50
R	3		FORE LIVE	10:00AM	3:00PM	60	2/6/2024	2/19/2024	10	\$16.25	\$162.50
R	4		· THEF wed	6:00AM	10:00AM	60	2/0/2024	2 /9/ 2024	10	\$16.25	\$162.50

Name of Account \	11/4 + 1/1/4		S OR	DEK ST# ()	335.	For	1
25-20		10				# 0	00)
Cart #550 -	Length (e O	Total Spot	<u>552</u>	Total	# 832	,00
TR1	- WS	N T	nes	he	<u>a</u>	15	
0A-7P-3 2		3	2	0		7	
30-70-3 2		3	2	<u>う</u> っ		<i>3</i>	
10A-3P-	١ =	5	2	5		5	
GA-10A 0	٨	3	7	3		3	y .
Commencement Date	29	124	Expirat	ion Date	2	15/24	
Additional Instructions	334	(1)	nta	1+#	446	5118	,
Rate	$\frac{1}{2}$	1:5100	10000	X11 >	<u> </u>	<u> </u>	
Salesman	> PC	11/1/14		416,0	3	Alc day	puit
				Doc	,	/	
			Sales Refunds	001 000	\$582.40 \$0.00	O3300 WNOI RAI	
	WNOI RA 1001 N OLIV	/E ROAD	Totals	001	\$582.40	1001 N OLIVE FLORA, IL 6	52839
	FLORA, IL 02/07/2024 MID: XXXXXXXXXXXXXX644	10:41:03	CashBack	000	\$0.00	02/05/2024 MID: XXXXXXXXXXXXXX644	14:30:28 TID: XXXXX308
	CREDIT	CARD	Tax	000	\$0.00	CREDIT C. MC SAL	
	MC SA Card #	LE XXXXXXXXXXXXX6929		CARD TYPE TOTALS f INVOICES	TOTAL	Card # SEQ #:	XXXXXXXXXXXXX6432 2
	SEQ #: Batch #:	1 186	MC # 0			Batch #: INVOICE	184 2
	INVOICE Approval Code:	1 05332Q Manual	VISA AMEX	001 000 000	\$582.40 \$0.00 \$0.00	Approval Code: Entry Method:	07294Q Manual
	Entry Method: Mode: Tax Amount:	Online \$0.00	DCI-DISC JCB-DISC	000 000	\$0.00 \$0.00	Mode: Tax Amount:	Online \$0.00 NNN
	Avs Code:	NNN	DISCVR	000	\$0.00	Avs Code:	
	SALE AMOUNT	\$582.40	MEDIA	FIN SOR	(ICES	SALE AMOUNT かつ26087	\$90.30
	I agree to pay abo		Set	tlement Successfu		I agree to pay above according to card iss	uer agreement.
	according to card is (Merchant agreement		033	OK020719280186		(Merchant agreement i	
		SELVICES			.)	x MEDIA	
	JNVDICE# 0335		140	N.Z) Net	/	\$ 109.65 SE	COPY
	MERCHAN	IT COPY	1117			HAII.	

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.						
I,Glenn Hodas	, hereby request station time as follows:					
IDENTIFY CANDIDATE TYPE	RAL CANDIDATE OR LOCAL CANDIDATE					
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED					
Candidate name: Matt Hall						
Authorized committee: Americans for Matt Hall						
Agency requesting time (and contact information): N/A Hodas & Associates, 718 S.7th Street, Unit 702, Sp.	oringfield, IL 62703, (217) 494-1090					
Candidate's political party: Republican						
Office sought (no acronyms or abbreviations): State Representative						
Date of election: March 19, 2024	General ✓ Primary					
Treasurer of candidate's authorized committee: Kelly Sefton						
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 Slew Kook	Signature					
Name: Glenn Hodas, Hodas & Associates	Name: DUBIE DILUTE					
Date of Request to Purchase Ad Time: 1-19-24	Date of Station Agreement to Sell Time:					

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 Date ad received: .. Ad submitted to Station? No Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy). N/A Yes No Federal candidate certification signed (above): Disposition: Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):							
Contract #: 445511.8	Station Call Letters:	Date Received/Requested:					
Est. #: 0335	Station Location: FLORA, IL	Run Start and End Dates:					
Upload order this form and invoice	e (or traffic system print-out) or other docum	ents 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

*Upload partially accepted form, then promptly upload updated final form when complete.

Rejected - provide reason:

the OPIF.