

Tom Lavine

From: donotreply@e-payable.com
Sent: Saturday, February 17, 2024 4:20 AM
To: tom@wnoi.com; dodie@wnoi.com
Subject: GEN MEDIA PARTNERS VC* sent you a payment



Payer Information

GEN MEDIA PARTNERS VC*
STE 903
WEST PALM BEACH,FL 33401-2211

To

Vendor Name: H & R COMMUNICATIONS, INC
Vendor Id: WNOI-FM

Payment Advice Number: 134879881708165087356

Date: 02/17/2024

Click here to obtain credit card details *(Note: In case the above link is not accessible, please type <https://e-receivable.tsys.com/vp/index.html> in your web browser and follow the on-screen instructions to obtain payment details. Your Vendor Id and the payment advice number are shown above.)*

#	Invoice Number	Invoice Date	Net Amount	Commission	Advertiser	Comments	Payment Number	Amount
1	0350	03/01/2024	162.35	28.65	AMERICANS FOR MATT H	X	8726313	\$133.70
2	0350	02/01/2024	671.92	118.57	AMERICANS FOR MATT H	X	8726313	\$553.35

Notes: To receive payments for the above referenced invoice(s), please charge the total amount to the above Mastercard account. By charging the amount shown as a single transaction on or before 08/15/2024, you will significantly reduce the possibility of payment complications.

Total Amount: \$687.05

Access to credit card details requires use of Internet Explorer 11 or higher, Mozilla Firefox 60 or higher, or Google Chrome 60 or higher.



CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

Glenn Hodas

hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS 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, Springfield, 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

Signature:

Name: Glenn Hodas, Hodas & Associates

Date of Request to Purchase Ad Time: 1-19-24

Station Representative

Signature:

Name: DOREE DICKEY

Date of Station Agreement to Sell Time: 1/19/24

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: 2/16/24

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 #: <u>4455609</u>	Station Call Letters: <u>WNOI</u>	Date Received/Requested: <u>2/16/24</u>
Est. #: <u>3050</u>	Station Location: <u>FLORA, IL</u>	Run Start and End Dates: <u>2/16/24 - 3/1/24</u>

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.