CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, State Rep Ton Cross , hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	RAL CANDIDATE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCKS	MUST BE COMPLETED
Authorized committee: Friends of To Agency requesting time (and contact information): N/A Candidate's political party: Republicant Office sought (no acronyms or abbreviations): State Representative 83*	
State Representative 835 Date of election: 3/19/2024 Treasurer of candidate's authorized committee: Mathew Ten	Ceneral
The undersigned represents that: (1) the payment for the broadcast time requested has been furnified the candidate listed above who is a legally qualified candidate the authorized committee of the legally qualified candidate (2) this station is authorized to announce the time as paid for by (3) this station has disclosed its political advertising policies, included and other sales practices (not applicable to federal candidate THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCIN THE PLACEMENT OF ADVERTISING.	didate, or date listed above; y such person or entity; and luding applicable classes and rates, discount, promotion es).
Candidate/Committee/Agency	Station Representative
Name: Marthew T. Jewnings, Tres	Signature: AMMIA AllANIA Name: SCMM HIdroll
Date of Request to Purchase Ad Time: 3/4/2024	Date of Station Agreement to Sell Time: 3/6/24

to an opposing candidate or, if it does, (2 for a duration of at least four seconds an	2) contains a clearly identifiable photog d a simultaneously displayed printed st nd that the candidate and/or the candidate and/or the candidate and/or the candidate and/or the candidates.	atement identifying the candidate, that date's authorized committee paid for the
Candidate/Authorized Committee/	Agency	
Signature:		
Name: MAHhaw T.	Tennings, Tres	
Date: 3/4/2024	·	
TO	D BE COMPLETED BY STATION	
Ad submitted to Station?	es No Date ad receiv	red: 3/4/24
Note: Must have separate PB-19 For	rms for each version of the ad (i.e.,	for every ad with differing copy).
Federal candidate certification signed (a	bove): Yes N	o N/A
Accepted Accepted IN PART (e.g., ad cop Rejected – provide reason: *Upload partially accepted form, then p	y not yet received to determine sponso	
Date and nature of follow-ups, if any (e.	g., insufficient sponsor ID tag):	
Contract #WA	Station Call Letters:	Date Received/Requested:
Est. #: 06/6-007	Station Location:	Run Start and End Dates: 3/7/24-3/19/34
use this space to document schedule of purchased or attach separately. If station	time purchased, when spots actually a n will not upload the actual times spots	ents reflecting this transaction to the OPIF or ired, the rates charged and the classes of time aired until an invoice is generated, the name laced in the "Terms and Disclosures" folder in

Federal Candidate Certification:

Home Town MediaOrder Confirmation

0616-007 OrderID:

Home Town Media, LTD

13670 Us-Hwy 68 Kenton, Ohio 43326 419-675-2355

Sponsor: Product:

Friends of Jon Cross Committee Friends of Jon Cross Committee

Estimate/PO:

Calendar Month Jenny Hildreth AccountRep: BillingCycle:

None-Statement Only 3/7/2024 - 3/19/2024 InvoiceType:

Items Ordered: Run Dates:

FRIENDS OF JON CROSS

108 \$756.00

Ordered Amount: Scheduled Station(s): WKTN-FM

Friends of Jon Cross Committee

Printed 3/6/2024 11:55:08 AM

Printed 3/6/2024 11:55:08 AM														Page 1
Run Dates	Run Weeks	Run Times	Mon	Tue	. pəM	Mon Tue Wed Thu Fri	-ri S	Sat Sun	، Week Total	Week Length Descriptio Avail Copy ID Total	Avail Copy ID Type	Qty	Qty Item Cost Total Cost	Total Cost
01 3/7/2024 - 3/18/2024 02 3/19/2024 - 3/19/2024	All Weeks All Weeks	06:00 AM - 07:00 PM 12	12	27	12	12 12 12	12		60	:30 Political :30 Political		96 12	7.00 7.00	672.00 84.00
Calendar Month Projected Billing:	cted Billing:													
Jan-24		0.00 Feb-24	-24			0.00		2	Mar-24	756.00		Q1-2024		756.00

Confirmed Correct; Payment Guaranteed