

Date: 10/31/2022

Start Date: 11/5/2022

End Date: 11/5/2022

**WEOL  
Time Order**

AM  FM

Page: 1 Of: 1

New Order:

Supersedes Prior:

Addition:

Cancellation:

Advertiser: Friends of Melissa Kobasher

Products: \_\_\_\_\_

Agency: \_\_\_\_\_

Pkg/Program: wrap up show

Address: 5515 Longbrook Rd

Agency Commission: \_\_\_\_\_ Direct: \_\_\_\_\_

City, State: Lorain, OH 44053

Co-Op: \_\_\_\_\_ Print Times: \_\_\_\_\_

Zip: \_\_\_\_\_

AE: B McCann

Contact Person: Melissa Kobasher

Phone: 320-8068 Fax: \_\_\_\_\_

<b>Check One:</b>		<b>Options for Makegoods</b>			<b>Check if Applicable:</b>			<b>Contract #:</b>					
<input checked="" type="checkbox"/>	Announcements	<b>Check One:</b>			<input type="checkbox"/> REMOTE  <input type="checkbox"/> *See Attached Remote Form			Cart#:					
<input type="checkbox"/>	Adjacency	<input type="checkbox"/>	Same Flight/Week	P.O.#: 42408									
<input type="checkbox"/>	Sponsorship	<input type="checkbox"/>	Extended Schedule										
<input type="checkbox"/>	Political	<input type="checkbox"/>	Ask Salesperson										
<input type="checkbox"/>	Promotional	<input type="checkbox"/>											
<b>Check One:</b>		<b>Billing Cycle:</b>			<b>Check One:</b>			<b>Check One:</b>		<b>Check One:</b>			
<input checked="" type="checkbox"/>	Remit Invoice Paid in Advance	Broadcast			New Address			<input checked="" type="checkbox"/> CASH		<input checked="" type="checkbox"/> Elyria			
<input type="checkbox"/>	Copy Confirmation/ Invoice To: Note Below	<input checked="" type="checkbox"/> Calendar			On File			<input type="checkbox"/> Trade		<input type="checkbox"/> National			
<input type="checkbox"/>								<input type="checkbox"/> Political		<input type="checkbox"/> Promotional			
<b>Dates to Run</b>	<b>Length</b>	<b>Hours (Dayparts)</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>	<b>SA</b>	<b>SU</b>	<b>Rates</b>	<b>Total/ per Wk</b>	<b>Total ads:</b>	<b>\$ Total</b>
11/5/22	30	9a 11a						1		\$52.00	1	1	\$52.00
<b>Notes to Traffic/Accounting</b>								<b>Page Total</b>		Spots/ 1		Total: \$52.00	
<b>Deposit:</b>								<b>Contract Total</b>		Spots/		Total:	
Jan '22		Feb		Mar		Apr		May		June			
Jul		Aug		Sept		Oct		Nov \$52.00		Dec			
<b>Additional Notes:</b>													

Approval Sales Manager: \_\_\_\_\_ GR: \_\_\_\_\_ Call Salesperson on this Order: \_\_\_\_\_

Date: 10/31/2022  
 Start Date: 11/5/2022  
 End Date: 11/5/2022

**WEOL  
Time Order**

AM x      FM \_\_\_\_\_

Page: 1 Of: 1  
 New Order: x  
 Supersedes Prior: \_\_\_\_\_  
 Addition: \_\_\_\_\_  
 Cancellation: \_\_\_\_\_

Advertiser: Friends of Melissa Kobasher

Products: \_\_\_\_\_

Agency: \_\_\_\_\_

Pkg/Program: OSU Football

Address: 5515 Longbrook Rd

Agency Commission \_\_\_\_\_ Direct \_\_\_\_\_

City, State: Loraln, OH 44053  
 Zip: \_\_\_\_\_

Co-Op \_\_\_\_\_ Print Times \_\_\_\_\_

AE: B McCann

Contact Person: Melissa Kobasher

Phone: 320-8068 Fax: \_\_\_\_\_

<b>Check One:</b> <input checked="" type="checkbox"/> Announcements <input type="checkbox"/> Adjacency <input type="checkbox"/> Sponsorship <input type="checkbox"/> Political <input type="checkbox"/> Public Service <input type="checkbox"/> Promotional	<b>Options for Makegoods</b> <b>Check One:</b> <input type="checkbox"/> Same Flight/Week <input type="checkbox"/> Extended Schedule <input type="checkbox"/> Ask Salesperson	<b>Check if Applicable:</b> <input type="checkbox"/> REMOTE <input type="checkbox"/> *See Attached Remote Form	<b>Contract #:</b> _____ <b>Cart#:</b> _____ <b>P.O.#:</b> _____	
<b>Check One:</b> <input checked="" type="checkbox"/> Remit Invoice <input type="checkbox"/> Paid in Advance <input type="checkbox"/> Copy Confirmation/ Invoice To: Note Below	<b>Billing Cycle:</b> <input type="checkbox"/> Broadcast <input checked="" type="checkbox"/> Calendar	<b>Check One:</b> <input type="checkbox"/> New Address <input type="checkbox"/> On File	<b>Check One:</b> <input checked="" type="checkbox"/> CASH <input type="checkbox"/> Trade <input type="checkbox"/> Political <input type="checkbox"/> Promotional	<b>Check One:</b> <input checked="" type="checkbox"/> Elyria <input type="checkbox"/> National

42109

Dates to Run	Length	Hours (Dayparts)	M	T	W	TH	F	SA	SU	Rates	Total/ per Wk	Total ads	\$ Total
11/5/22	30	noon - end						2		\$60.00	2	2	\$120.00

<b>Notes to Traffic/Accounting</b>					<b>Page Total</b>	<b>Spots/</b> 2	<b>Total:</b> \$120.00
<b>Deposit:</b> _____					<b>Contract Total</b>	<b>Spots/</b> _____	<b>Total:</b> _____
<b>Jan '22</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>		
<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b> \$120.00	<b>Dec</b>		

**Additional Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approval Sales Manager: \_\_\_\_\_ GR: \_\_\_\_\_ Call Salesperson on this Order: \_\_\_\_\_

Date: 10/31/2022

Start Date: 11/1/2022

End Date: 11/8/2022

**WEOL**  
**Time Order**

AM  FM

Page: 1 Of 1

New Order: X

Supersedes Prior:

Addition:

Cancellation:

Advertiser: Friends of Melissa Kobasher

Products:

Agency:

Pkg/Program: rotators

Address: 5515 Longbrook Rd

Agency Commission Direct

City, State: Lorain, OH 44053

Co-Op Print Times

Zip:

AE: B McCann

Contact Person: Melissa Kobasher

Phone: 320-8068 Fax:

<b>Check One:</b>	<b>Options for Makegoods</b>	<b>Check if Applicable:</b>	<b>Contract #:</b>	
<input checked="" type="checkbox"/> Announcements	<b>Check One:</b>	<input type="checkbox"/> REMOTE	<b>Cart#:</b>	
<input type="checkbox"/> Adjacency	<input type="checkbox"/> Same Flight/Week	<input type="checkbox"/> *See Attached		
<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Extended Schedule	<input type="checkbox"/> Remote Form	<b>P.O.#:</b>	
<input type="checkbox"/> Political	<input type="checkbox"/> Ask Salesperson			
<input type="checkbox"/> Public Service				
<input type="checkbox"/> Promotional				
<b>Check One:</b>	<b>Billing Cycle:</b>	<b>Check One:</b>	<b>Check One:</b>	<b>Check One:</b>
<input checked="" type="checkbox"/> Remit Invoice	<input type="checkbox"/> Broadcast	<input type="checkbox"/> New Address	<input checked="" type="checkbox"/> CASH	<input checked="" type="checkbox"/> Elyria
<input type="checkbox"/> Paid in Advance	<input type="checkbox"/> Calendar	<input type="checkbox"/> On File	<input type="checkbox"/> Trade	<input type="checkbox"/> National
<input type="checkbox"/> Copy Confirmation/ Invoice To: Note Below			<input type="checkbox"/> Political	
			<input type="checkbox"/> Promotional	

40390

Dates to Run	Length	Hours (Dayparts)	M	T	W	TH	F	SA	SU	Rates	Total/ per Wk	Total ads	\$ Total
11/1 - 11/8	30	6a - 12a		4	4	4	4		2	\$35.00		28	\$980.00
			7	(11/8) 3 end at noon									

<b>Notes to Traffic/Accounting</b>	<b>Page Total</b>	Spots/ 28	<b>Total: \$980.00</b>
<b>Deposit:</b>	<b>Contract Total</b>	Spots/ June	<b>Total:</b>
Jan '22	Feb	Mar	Apr
May	Jun	Jul	Aug
Sept	Oct	Nov \$980.00	Dec

Additional Notes:

Approval Sales Manager: \_\_\_\_\_ GR: \_\_\_\_\_ Call Salesperson on this Order: \_\_\_\_\_

Date: 10/31/2022

Start Date: 11/1/2022

End Date: 11/8/2022

# WEOL Time Order

AM  FM

Page: 1 Of: 1

New Order:  X

Supersedes Prior: \_\_\_\_\_

Addition: \_\_\_\_\_

Cancellation: \_\_\_\_\_

Advertiser: Friends of Melissa Kobasher

Products: \_\_\_\_\_

Agency: \_\_\_\_\_

Pkg/Program: Morning Show

Address: 5515 Longbrook Rd

Agency Commission: \_\_\_\_\_ Direct

City, State: Lorain, OH 44053

Co-Op: \_\_\_\_\_ Print Times

Zip: \_\_\_\_\_

AE: B McCann

Contact Person: Melissa Kobasher

Phone: 320-8068 Fax: \_\_\_\_\_

<b>Check One:</b>	<b>Options for Makegoods</b>	<b>Check if Applicable:</b>	<b>Contract #:</b>
<input checked="" type="checkbox"/> Announcements	<b>Check One:</b>	<input type="checkbox"/> REMOTE	<b>Cart#:</b>
<input type="checkbox"/> Adjacency	<input type="checkbox"/> Same Flight/Week	<input type="checkbox"/> *See Attached	<b>P.O.#:</b>
<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Extended Schedule	<input type="checkbox"/> Remote Form	
<input type="checkbox"/> Political	<input type="checkbox"/> Ask Salesperson		
<input type="checkbox"/> Public Service			
<input type="checkbox"/> Promotional			
<b>Check One:</b>	<b>Billing Cycle:</b>	<b>Check One:</b>	<b>Check One:</b>
<input checked="" type="checkbox"/> Remit Invoice	<input type="checkbox"/> Broadcast	<input type="checkbox"/> New Address	<input checked="" type="checkbox"/> CASH
<input type="checkbox"/> Paid in Advance	<input checked="" type="checkbox"/> Calendar	<input type="checkbox"/> On File	<input checked="" type="checkbox"/> Elyria
<input type="checkbox"/> Copy Confirmation/ Invoice To: Note Below			<input type="checkbox"/> National
			<input type="checkbox"/> Political
			<input type="checkbox"/> Promotional

42391

Dates to Run	Length	Hours (Dayparts)	M	T	W	TH	F	SA	SU	Rates	Total/ per, WK	Total ads	\$ Total
11/1 - 11/8	30	6a - 10a	1	1	1	1	1			\$55.00	6	6	\$330.00

<b>Notes to Traffic/Accounting</b>					<b>Page Total</b>	<b>Spots/</b> 6	<b>Total:</b> \$330.00
<b>Deposit:</b>					<b>Contract Total</b>	<b>Spots/</b>	<b>Total:</b>
Jan '22	Feb	Mar	Apr	May	June		
Jul	Aug	Sept	Oct	Nov	Dec		
Additional Notes:					\$330.00		

Approval Sales Manager: \_\_\_\_\_ GR: \_\_\_\_\_ Call Salesperson on this Order: \_\_\_\_\_

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, MELISSA KOBASHER, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE  FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name: Melissa Kobasher

Authorized committee: Friends of Melissa Kobasher

Agency requesting time (and contact information):  
 N/A

Candidate's political party: Democrat

Office sought (no acronyms or abbreviations): Judge

Date of election: 11/8/22       General       Primary

Treasurer of candidate's authorized committee: Giovanna Bremke

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:	Signature:
Name: <u>MELISSA KOBASHER</u>	Name: <u>BARBARA McLann</u>
Date of Request to Purchase Ad Time: <u>10/31/22</u>	Date of Station Agreement to Sell Time: <u>11/1 - 11/8</u>

**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: 10/31/22

**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 #:	Station Call Letters: <u>WEOL</u>	Date Received/Requested: <u>10/31/22</u>
Est. #: <u>N/A</u>	Station Location: <u>Elyria OH</u>	Run Start and End Dates: <u>11/1/22</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.