

Date: 4/19
 Start Date: 4/28
 End Date: 5/3

WEOL
Time Order

AM _____ FM _____

Page: 1 Of: 1
 New Order: _____
 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: _____

Check One: <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	Options for Makegoods Check One: <input type="checkbox"/> Same Flight/Week <input type="checkbox"/> Extended Schedule <input type="checkbox"/> Ask Salesperson	Check if Applicable: <input type="checkbox"/> REMOTE <input type="checkbox"/> *See Attached Remote Form	Contract #: Cart#: <u>1946 "Melissa"</u> P.O.#: _____
Check One: <input checked="" type="checkbox"/> Remit Invoice <input type="checkbox"/> Paid in Advance <input type="checkbox"/> Copy Confirmation/ Invoice To: Note Below	Billing Cycle: <input type="checkbox"/> Broadcast <input checked="" type="checkbox"/> Calendar	Check One: <input type="checkbox"/> New Address <input type="checkbox"/> On File	Check One: <input checked="" type="checkbox"/> CASH <input type="checkbox"/> Trade <input type="checkbox"/> Political <input type="checkbox"/> Promotional
			Check One: <input checked="" type="checkbox"/> Elyria <input type="checkbox"/> National

Dates to Run	Length	Hours (Dayparts)	M	T	W	TH	F	SA	SU	Rates	Total/ per Wk	Total ads	\$ Total
4/28 4/29	30	6a-10a				4	4			55	8		440 ⁰⁰
4/30 5/1	30	6a-12a						4	4	42 ⁰⁰	8		336 ⁰⁰
5/2 5/3	30	6a-10a	4	4						55	8		440 ⁰⁰

Notes to Traffic/Accounting				Page Total	Spots/ <u>24</u>	Total: <u>1216.00</u>
Deposit: _____				Contract Total	Spots/	Total:
Jan '22	Feb	Mar	Apr <u>1216⁰⁰</u>	May	June	
Jul	Aug	Sept	Oct	Nov	Dec	

Additional Notes: _____

Approval Sales Manager: MP GR: _____ Call Salesperson on this Order: _____

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:	Date:
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I, Melissa Kobasher,
 being/on behalf of: Friends of Melissa Kobasher,
 a legally qualified candidate of the _____
 political party for the office of: Judge
 in the _____
 election to be held on: May 3rd
 do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
4/28 - 4/29	6a - 10a	T, F		8	1
4/30 - 5/1	6a 5a 12a	Sat, Sun		8	1
5/2 - 5/3	6a 10a	Mon - Tues		8	1

Attach proposed schedule with charges (if available):

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

Friends of Melissa Robasher

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:

met Giovanna Bremke + Nicholas Elder

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

4-19-22
Date

Melissa Robasher
Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

Barbara McCann
Signature

Barbara McCann
Printed Name

Account Rep
Title