

Date: 10/29/2022
 Start Date: 10/30/2022
 End Date: 11/5/2022

**WEOL
Time Order**

AM x FM _____

Page: 1 Of: 1
 New Order: X
 Supersedes Prior: _____
 Addition: _____
 Cancellation: _____

Advertiser: Riddell for Commissioner
 Agency: _____
 Address: 4250 Vilamora Dr
 City, State: _____
 Zip: Avon, OH 44011
 AE: B McCann

Products: _____
 Pkg/Program: ~~Ohio State Football~~ Relator
 Agency Commission _____ Direct _____
 Co-Op _____ Print Times _____
 Contact Person: Jeff Riddell
 Phone: 440-308-5500 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>42387</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
10/31/22	30	6a - 12a	10	10	10	10	11		7	\$35.00	77	77	\$2,695.00
11/8/22			14	5	<u>6a-12p</u>						10		

Notes to Traffic/Accounting					Page Total	Spots/ 77	Total: \$2,695.00
Deposit:					Contract Total	Spots/	Total:
Jan '22	Feb	Mar	Apr	May	June		
Jul	Aug	Sept	Oct	Nov	Dec		
			\$350.00	\$2,345.00			

Additional Notes: _____

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

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Advertiser: Riddell for Commissioner
 Agency: _____
 Address: 4250 Vilamora Dr
 City, State: _____
 Zip: Avon, OH 44011
 AE: B McCann

Products: _____
 Pkg/Program: Ohio State Football
 _____ Agency Commission _____ Direct
 _____ Co-Op _____ Print Times
 Contact Person: Jeff Riddell
 Phone: 440-308-5500 Fax: _____

Check One:	Options for Makegoods	Check if Applicable	Contract #:
<input checked="" type="checkbox"/> Announcements	Check One:	<input type="checkbox"/> REMOTE	Cart#: _____
<input type="checkbox"/> Adjacency	<input type="checkbox"/> Same Flight/Week	<input type="checkbox"/> *See Attached	P.O.#: _____
<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			
Check One:	Billing Cycle:	Check One:	Check One:
<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 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"/> Trade
			<input type="checkbox"/> Political
			<input type="checkbox"/> Promotional

42388

Dates to Run	Length	Hours (Dayparts)	M	T	W	TH	F	SA	SU	Rates	Total per Wk	Total ads	\$ Total
10/29 - 11/5	30	game 11a						4		\$60.00	4	8	\$480.00

JPP

Notes to Traffic/Accounting					Page Total	Spots/ 8	Total: \$480.00
Deposit:					Contract Total	Spots/	Total:
Jan '22	Feb	Mar	Apr	May	June		
Jul	Aug	Sept	Oct	Nov	Dec		
			\$240.00	\$240.00			

Additional Notes: _____

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

Date: 10/29/2022
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WEOL
Time Order

AM x FM _____

Page: 1 Of: 1
 New Order: X
 Supersedes Prior: _____
 Addition: _____
 Cancellation: _____

Advertiser: Riddell for Commissioner
 Agency: _____
 Address: 4250 Vilamora Dr
 City, State: _____
 Zip: Avon, OH 44011
 AE: B McCann

Products: _____
 Pkg/Program: Saturday wrap up
 _____ Agency Commission _____ Direct
 _____ Co-Op _____ Print Times
 Contact Person: Jeff Riddell
 Phone: 440-308-5500 Fax: _____

Check One:		Options for Makegoods			Check if Applicable:		Contract #:						
<input checked="" type="checkbox"/>	Announcements	Check One:			REMOTE		Cart#:						
<input type="checkbox"/>	Adjacency	<input type="checkbox"/>	Same Flight/Week	*See Attached		P.O.#:							
<input type="checkbox"/>	Sponsorship	<input type="checkbox"/>	Extended Schedule	Remote Form									
<input type="checkbox"/>	Political	<input type="checkbox"/>	Ask Salesperson										
<input type="checkbox"/>	Public Service												
<input type="checkbox"/>	Promotional												
Check One:		Billing Cycle:			Check One:		Check One:						
<input checked="" type="checkbox"/>	Remit Invoice	<input type="checkbox"/>	Broadcast	New Address		<input checked="" type="checkbox"/>	CASH	<input checked="" type="checkbox"/>	Elyria				
<input type="checkbox"/>	Paid in Advance	<input type="checkbox"/>	Calendar	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"/>							<input type="checkbox"/>	Promotional					
Dates to Run	Length	Hours (Dayparts)	M	T	W	TH	F	SA	SU	Rates	Total/par Wk	Total ads	\$ Total
10/29 - 11/5	30	9a -11a						3		\$52.00	3	6	\$312.00
Notes to Traffic/Accounting								Page Total	Spots/	6	Total:	\$312.00	
Deposit:								Contract Total:	Spots/		Total:		
Jan '22	Feb	Mar	Apr	May	June								
Jul	Aug	Sept	Oct	Nov	Dec								
Additional Notes													

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10/29

Approval Sales Manager: MP 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, Jeff Riddell, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:
Jeff Riddell

Authorized committee:
RIDDELL FOR COMMISSIONER

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

Candidate's political party:
Republican

Office sought (no acronyms or abbreviations):
County Commissioner

Date of election: 11/8/2022 General Primary

Treasurer of candidate's authorized committee:
JILLIAN McDONNELL 4250 VILAMORA DR ACON 44011

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>JEFFREY RIDDELL</u>	Name: <u>BARBARA McCann</u>
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: <u>10/29/22</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: 10/28/22

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: WEOL AM 9.36	Date Received/Requested: 10/28/2022
Est. #:	Station Location: Elyria OH	Run Start and End Dates: 10/29/22

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.