CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

1, PAUL FEWATOR	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	RAL CANDIDATE E OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED
Candidate name: (M HAADSMA Authorized committee:	
CTE SIM HAADSAMA	
Agency requesting time (and contact information):	
Candidate's political party: DEMOCRAT	
Office sought (no acronyms or abbreviations): STATE REPRESENTATIVE	, MICHIGAN - 62 WD
Date of election: $11/3/2020$	General Primary
Treasurer of candidate's authorized committee: KRISTY FOSTER-POTTE	R
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):
the candidate listed above who is a legally qualified car	
the authorized committee of the legally qualified candi	date listed above;
(2) this station is authorized to announce the time as paid for b	
(3) this station has disclosed its political advertising policies, included and other sales practices.	cluding applicable classes and rates, discount, promotion
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature:	Signature:
Name: PAUL EGNATUK	Name: Jay Morris
Date of Request to Purchase Ad Time: 19/16/2-02-0	Date of Station Agreement to Sell Time: 10/16/20

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/A	Agency	
Signature:		
Name: PAIL EGNATUR Date: 10/16/2020	ye—	
Date: 10/16/2020		
	BE COMPLETED BY STATION ON	ILY
Ad submitted to Station? Yes Date ad received: 10	No 0/16/20	
Federal candidate certification signed (ab	oove): Yes No	N/A
Disposition: Accepted Accepted IN PART (e.g., ad copy Rejected – provide reason (option	not yet received to determine sponsor ID)	*
*Upload partially accepted form, then pro	omptly upload updated final form when co	mplete.
Date and nature of follow-ups, if any (e.g.	, insufficient sponsor ID tag):	
Contract #: 445125	Station Call Letters: WFAT-AM	Date Received/Requested: 10/16/2020
Est. #:	Station Location: Battle Creek,MI	Run Start and End Dates: 10/19-10.25
	(C	flaction this transaction to the OBIE or

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.

146 S LINCOLN BLVD	JIM HAADSMA 11-15	01.	6-12/410
BATTLE CREEK, MI 49015-392	6	Cktohe	16,2020 682
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