





Order #610296: Lund/D/Cou../Lund/D/Cou../County Board/

  	Date	Action	Line	Comment	By	Total \$	# Spots	Expected GRF
	10/27/20 11:47:27 AM	Processed		<sync process>	Donat Baz	\$546.00	26	0.00
	10/27/20 11:34:40 AM	Approved			Ruth Nichc	\$546.00	26	0.00
	10/27/20 11:34:37 AM	Approval Workflow		[Business Manager - Business Office Approval Needed Default]	Ruth Nichc	\$546.00	26	0.00
	10/27/20 11:32:34 AM	Approval Workflow		[Sales Manager - Ready Default]	Paula Willi	\$546.00	26	0.00
	10/27/20 11:27:15 AM	Ready for approval		ready	Paula Willi	\$546.00	26	0.00
	10/27/20 8:05:26 AM	New order created		<new order>	Paula Willi	\$0.00	0	0.00

[Sorted by: Date]

ORDER

Orders
Order / Rev: 610296
 Alt Order #: _____
 Product Desc: County Board
 Estimate: _____
 Flight Dates: 11/02/20 - 11/03/20
 Original Date / Rev: 10/27/20 / 10/27/20
 Order Type: GENERAL

WJBC-AM
 Primary AE: Bloomington House
 Sales Office: L-BLO
 Sales Region: Local

Agency
Name: Lund/D/County Board
 Buying Contact: Rachael Lund
 Billing Contact: _____
3475 Enclave Way
Normal, IL 61761

Billing Type: Cash
 Billing Calendar: Calendar
 Billing Cycle: EOM/EOC
 Agency Commission: 0%

Advertiser
Name: Lund/D/County Board
 Demographic: A25-54
 Product Codes: Candidates
 Revenue Code 1: DIR
 Revenue Code 2: POL-CAND
 Revenue Code 3: POL-LR
 Priority: P-100

New Business Thru: _____
 Advertiser External ID: _____
 Agency External ID: _____
 Unit Code: General
 Order Separation: 00:15:00

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
11/01/20	11/03/20	26	\$546.00	\$546.00

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
November 2020	26	\$546.00	\$546.00	0.00
Totals	26	\$546.00	\$546.00	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Bloomington House	L-BLO	Local	Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	WJBCA	11/02/20	11/03/20	M-F Prime M-F	CM	6a-7p	+-+-----	:30	26	\$21.00	P-60	0.00	NM	26	\$546.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 11/02/20	11/08/20	+-+-----		26		\$21.00		0.00					
													Totals	26	\$546.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Rachael Lund, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Rachael Lund

Authorized committee: Rachael Lund for McLean County Board

Agency requesting time (and contact information):

N/A

Candidate's political party: Democratic

Office sought (no acronyms or abbreviations): McLean County Board, District 5

Date of election: 11/03/2020 General Primary

Treasurer of candidate's authorized committee: Kim Barman

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.

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: <u>Rachael Lund</u>	Signature: <u>Ruth Nichols</u>
Name: <u>Rachael Lund</u>	Name: <u>Ruth Nichols</u>
Date of Request to Purchase Ad Time: <u>10/23/2020</u>	Date of Station Agreement to Sell Time: <u>10/27/20</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: Rachael Lund

Date: 10/23/2020

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: 10/27/20

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 (optional):

*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 #: <u>610296, 610293, 610288</u>	Station Call Letters: <u>WJBC-AM, WBWN-FM, WBNQ-FM</u>	Date Received/Requested: <u>10/27/20</u>
Est. #:	Station Location: <u>Bloomington, IL</u>	Run Start and End Dates: <u>11/02/20-11/03/20</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.