

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Sondra Sixberry, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Sondra Sixberry

Authorized committee: Committee to Elect Sixberry

Agency requesting time (and contact information):

N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): Montgomery County Clerk

Date of election: MAY 7, 2024       General       Primary

Treasurer of candidate's authorized committee: Sondra Sixberry

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>Sondra K Sixberry</u>	Signature: <u>Dave Peach</u>
Name: <u>Sondra K Sixberry</u>	Name: <u>DAVE PEACH</u>
Date of Request to Purchase Ad Time: <u>4/24/24</u>	Date of Station Agreement to Sell Time:



**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: 4.24.24

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>See Attached</u>	Station Call Letters: <u>WJMC WCVL WCDQ</u>	Date Received/Requested: <u>4.19.23</u>
Est. #:	Station Location: <u>Cranfordville IN</u>	Run Start and End Dates: <u>5.02.24</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.

# Confirmation



WCDQ-FM  
 PO BOX 1227  
 CORBIN KY 40702  
 800-575-0420

Order # 149647  
 Date Entered 05/01/2024  
 Sales Person Dave Peach  
 Billing Cycle Calendar  
 Conflict 1 POLITICAL  
 Product GENERAL  
 Date Range 05/02/2024 - 05/06/2024  
 CoOp No  
 Comment MC CLERK RACE

COMMITTEE TO ELECT SONDR A SIXBERRY  
 4539 WEST 450 S  
 CRAWFORDSVILLE IN 47933

Station	Date Range	Time Range	Len	Schedule	Repeated	Comment	Rate	Qty	Total
1	WCDQ-FM	05/02/2024-05/06/2024	06:00:00-19:00:00	00:30	10,0,0,10,10,0,0	All Weeks	8.00	30	240.00
Total									240.00

Projected Billing		Count	Gross	Total
May	2024	30	240.00	240.00
		30	240.00	240.00

Customer \_\_\_\_\_ Sales Person \_\_\_\_\_

# Confirmation

WIMC-FM  
 PO BOX 1227  
 CORBIN KY 40702  
 800-575-0420



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