



Statement Date
9/11/2019

Remit to: **WHKY**
PO Box 1059
Hickory, NC 28603

Charges or Payments received after this date will appear on next statement
 Terms: Net Due Upon Receipt

Statement

"If your check is not paid on presentment or is dishonored, you agree to pay the amount allowed by state law. We may electronically debit or draft your account for this charge. Also, if your check is returned for insufficient or uncollected funds, your check may be electronically re-presented for payment."

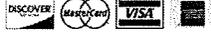
Media Financial Services
 1655 Palm Beach Lakes Blvd.
 Suite 903
 West Palm Beach, FL 33401

Date	For: P- Alliance For Access to Critical Care			Amount										
8/25/2019	2161-00002-0000	* Invoice: 3165306	\$390.00											
8/14/2019	721235-1	Payment, Thank You	(\$273.00)											
8/30/2019	721545-1	Payment, Thank You	(\$117.00)	\$0.00										
8/30/2019	721545-1	Payment, Thank You	(\$429.00)	(\$429.00)										
8/31/2019	ADJ-4511	Agency Commissions	(\$351.00)	(\$351.00)										
<table border="1"> <tr> <th>Sep</th> <th>Aug</th> <th>Jul</th> <th>Jun +</th> <th>Please pay this amount</th> </tr> <tr> <td>\$ 0.00</td> <td>(\$780.00)</td> <td>\$ 0.00</td> <td>\$ 0.00</td> <td>(\$780.00)</td> </tr> </table>					Sep	Aug	Jul	Jun +	Please pay this amount	\$ 0.00	(\$780.00)	\$ 0.00	\$ 0.00	(\$780.00)
Sep	Aug	Jul	Jun +	Please pay this amount										
\$ 0.00	(\$780.00)	\$ 0.00	\$ 0.00	(\$780.00)										



Remit to: **WHKY**
PO Box 1059
Hickory, NC 28603

INVOICE



P- Alliance For Access to Critical Care

Advertiser ID: 2161 Amount Paid _____

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Official Invoice	Date	Page

DETACH AND RETURN WITH PAYMENT

Media Financial Services
 1655 Palm Beach Lakes Blvd.
 Suite 903
 West Palm Beach, FL 33401

2161-00002-0000 O 8/25/2019 1

For: P- Alliance For Access to Critical Care

Purchase Order Number:

Est. Number:

Co-Op:

Description: 3165306

Salesperson: Guthrie, Patty

ELECTRONIC INVOICE

Date	Day	Length		Qty	Rate	Total
Copy: 5024 Spot #1 Tape: R30_AACC_Life and Death_NC_v3						
8/7/2019	Wed	:30	WHKY-AM 06:01:00 AM 09:10:00 AM 03:02:10 PM	3	\$39.00	\$117.00
8/8/2019	Thu	:30	WHKY-AM 07:03:30 AM 09:58:30 AM 03:11:00 PM 05:40:30 PM	4	\$39.00	\$156.00
8/9/2019	Fri	:30	WHKY-AM 06:01:00 AM 03:02:10 PM 05:08:00 PM	3	\$39.00	\$117.00

Federal Tax ID # is 26-0031225

All Billing Questions and Inquiries Contact: Heather Isenhour: Phone (828) 485-5500 email: HIsenhour@whky.com

THIS IS AN INVOICE and indicates the time/times you have purchased and the cost of those times. If you have paid for this in advance or made payments these payments will be reflected on your statement.

Quantity	10	Total	\$390.00
Total Due			\$390.00

Federal Tax ID # is 26-0031225

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INVOICE

WHKY-AM - WHKY-TV
 Long Communications, LLC
 PO BOX 1059
 526 Main Ave. SE
 HICKORY, NC 28603-1059

P- Alliance For Access to Critical Care

Advertiser ID: 2161 Amount Paid _____

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Official Invoice	Date	Page

DETACH AND RETURN WITH PAYMENT

2161-00002-0001 O 9/29/2019 1

For: P- Alliance For Access to Critical Care

Purchase Order Number:

Est. Number:

Co-Op:

Description: 3165306

Salesperson: Guthrie, Patty

Media Financial Services
 1655 Palm Beach Lakes Blvd.
 Suite 903
 West Palm Beach, FL 33401

ELECTRONIC INVOICE

Date	Day	Length		Qty	Rate	Total
Copy: 5024 Spot #1 Tape: R30_AACC_Life and Death_NC_v3						
8/26/2019	Mon	:30	WHKY-AM 09:58:00 AM 03:02:10 PM	2	\$39.00	\$78.00
8/27/2019	Tue	:30	WHKY-AM 09:10:00 AM 06:57:00 PM	2	\$39.00	\$78.00
8/28/2019	Wed	:30	WHKY-AM 06:01:00 AM 05:38:00 PM	2	\$39.00	\$78.00
8/29/2019	Thu	:30	WHKY-AM 08:01:00 AM 04:10:00 PM	2	\$39.00	\$78.00
8/30/2019	Fri	:30	WHKY-AM 09:38:00 AM 04:57:00 PM	2	\$39.00	\$78.00
9/2/2019	Mon	:30	WHKY-AM 09:10:00 AM 03:02:10 PM	2	\$39.00	\$78.00
9/3/2019	Tue	:30	WHKY-AM 09:38:00 AM 03:03:40 PM	2	\$39.00	\$78.00
9/4/2019	Wed	:30	WHKY-AM 09:01:00 AM 03:03:40 PM	2	\$39.00	\$78.00
9/5/2019	Thu	:30	WHKY-AM 09:58:00 AM 03:01:40 PM	2	\$39.00	\$78.00
9/6/2019	Fri	:30	WHKY-AM 06:01:00 AM 03:03:40 PM	2	\$39.00	\$78.00

Federal Tax ID # is 26-0031225

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Quantity	20	Total	\$780.00
Total Due			\$780.00

Federal Tax ID # is 26-0031225

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INVOICE