

Broadcast Contract

Go Right Strategies
BILL OLSON
Attn: Brandon Hawks
500 Westover Drive, 7975
Sanford, NC 27330

Start Date 07/29/20	Contract# 9279	Mod# 0
End Date 08/17/20	Date Entered 07/28/20	Date Last Modified 07/28/20
Advertiser BILL OLSON	Station Market WLKF-AM	
Product BILL OLSON	SalesRep/Office Nick Stone	

Standard Billing Cycle Estimate#

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE
			LINE	REMARK								
1	WE 07/29/20 MO 08/17/20	06:00A-09:00A	60		2	2	2	2	2	--	10	\$11.76
2	WE 07/29/20 MO 08/17/20	09:00A-12:00P	60		2	2	2	2	2	--	10	\$11.76
3	WE 07/29/20 MO 08/17/20	12:00P-03:00P	60		2	2	2	2	2	--	10	\$11.76
4	WE 07/29/20 MO 08/17/20	03:00P-05:00P	60		2	2	2	2	2	--	10	\$11.76
5	WE 07/29/20 MO 08/17/20	05:00P-06:00P	60		2	2	2	2	2	--	10	\$11.76

-----Additional Comments-----	Total Spots	Spots Total\$	Agency Commission	Net	Gross
	140	1,646.40	\$246.96	\$ 1,399.44	\$ 1,646.40

Billing Projections: By Month

	Jul 20	Aug 20
CA	352.80	1,293.60
ST		1,646.40

Hall Communications does not discriminate in advertising contracts on the basis of race or ethnicity. Any provision in any order or agreement for advertising that purports to discriminate on the basis of race or ethnicity, even if handwritten, typed, or otherwise made a part of a particular contract, is hereby rejected.

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

Name Title
See reverse for accepted terms and conditions, if any

Name Title
Page 1



Hall Communications Radio Group
 404 West Lime Street * Lakeland, FL 33815-4651
 Phone (863) 682-8184 - Fax (863) 683-2409
 email: ncattarius@halllakeland.com

Date: 7/21/20 New order: Q
 Supersedes contract #-
 Start date: 7/29 End date: 8/17

time order

CHECK ONE:

☐ announcement
☐ sponsorship
☒ political
☐ public service
☐ promotional

Contract #-
 Account #-
 Cart #-
 Income account:

CHECK ONE:

☐ remit invoice
☒ cash in advance

CHECK ONE:

☒ agency
☐ direct

CHECK ONE:

☐ stand broadcast month
☒ calendar month

CHECK ONE:

☒ cash
☐ trade
☐ non-commercial

CHECK ONE:

☐ end of flight
☐ weekly invoice
☐ monthly invoice
☐ special cycle
 describe:

☐ WONN ☒ WLKF
☐ WPCV ☐ WWRZ
☐ WONN/WPCV
☐ WLKF/WWRZ
☐ WPCV/WWRZ

☐ Co-op ☐ Affidavit ☐ Exact Time

Advertiser: Bill Olson
 Agency: Go Right Strategies
 Address: 500 Westover Dr. #7975
 City/State/Zip: Sanford, NC 27330
 Contact person: Brandon Hawks
 Telephone: 202-856-4500
 Fax:
 Log listing:
 Competing products:
 Package/program:
 Salesperson: Stone
 Notes to traffic & accounting

START DATE	END DATE	LENGTH	DAY PARTS	RATE	M	T	W	SCHEDULE T	F	S	S
7/29	8/17	:60	6a-9a	\$11.76	2	2	2	2	2		
		:60	9a-12n	\$11.76	2	2	2	2	2		
		:60	12n-3p	\$11.76	2	2	2	2	2		
		:60	3p-5p	\$11.76	2	2	2	2	2		
		:60	5p-6p	\$11.76	2	2	2	2	2		
Total Spots:								140(:60)			
Jan	Feb	Mar	Apr	May	June	TOTAL					
July	Aug	Sep	Oct	Nov	Dec	\$1,646.40					

NONDISCRIMINATION POLICY: Hall Communications and its station[s] do not discriminate in advertising contracts on the basis of race or ethnicity. Any provision in any order or agreement for advertising that purports to discriminate on the basis of race or ethnicity, even if handwritten, typed, or otherwise made a part of a particular contract, is hereby rejected.

ADVERTISER: Bill Olson SALESPERSON: Stone APPROVED BY:

DATE: 7/21/20 DATE: ENTERED BY:

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Spence Rogers, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡



FEDERAL CANDIDATE



STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

William Olson

Authorized committee:

William Olson for Congress

Agency requesting time (and contact information):

☐ N/A Go Right Strategies, Inc.

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Congress

Date of election:

August 18, 2020



General



Primary

Treasurer of candidate's authorized committee:

Elizabeth Curtis

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: <i>Spence Rogers</i>	Signature:
Name: Spence Rogers	Name:
Date of Request to Purchase Ad Time: 7/27/2020	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: Spence Rogers

Date: 6/16/2020

TO BE COMPLETED BY STATION ONLYAd submitted to Station? ☐ Yes ☐ No Date ad received: _____**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:

Date Received/Requested:

Est. #:

Station Location:

Run Start and End Dates:

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.

WONN, WPCV, WLKF, WWRZ
404 W. LIME ST
LAKELAND, FL 33815
863-682-8184

Term ID: 001

Sale - Approved

Date	07/28/20	Time 14:52:33
Method of Payment	Visa	
Entry Method	Manual	
Account #	XXXXXXXXXXXX2363	
Order ID	SPENCER L ROGERS	
Order Description:	BILL OLSON PREPAY cONT	
	#9279	
Approval Code	07016G	
Amount	\$1,399.44	

Thank you for your business!
Have a nice day!

Customer Copy