## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.
	, hereby request station time as follows:
IDENTIEV CANDIDATE TYPE	RAL CANDIDATE
STAT	E OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCK	(S MUST BE COMPLETED
Candidate name: Sam Freema	
Authorized committee:	
Agency requesting time (and contact/information):	
N/A	
Candidate's political party:	
Office sought (no acronyms or abbreviations):	- 10 6
Franklin County Commis	SIONER District 4- GROVER
Date of election:	General Primary
10esday May 2/20	24 —
reasurer of candidate's authorized committee:	
NIA	
he undersigned represents that:	
1) the payment for the broadcast time requested has been ful	mished by (check one box below):
the candidate listed above who is a legally qualified car	ndidate, or
the authorized committee of the legally qualified candi	date listed above;
2) this station is authorized to announce the time as paid for b	y such person or entity; and
3) this station has disclosed its political advertising policies, income and other sales practices (not applicable to federal candidate)	
HIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC N THE PLACEMENT OF ADVERTISING.	CRIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
ignature:	Signature:
lame: Sam-Freeman	Name: Darie D. Brown
rate of Request to Purchase Ad Time: 4/26/29	Date of Station Agreement to Sell Time: 4/26/by



Lake Hartwell Radio

PO Box 228 Lavonia, GA 30553 P- 706-356-0921 F- 706-356-5921

Lake Hartwell Radio Email- wlhr@gacaradio.com

SAMUEL FREEMAN FRANKLIN 327 GRANT DR, LAVONIA, GA 30553

## WLHR Order Confirmation OrderID: 10281-001

Sponsor: Product:

Samuel Freeman Franklin County Samuel Freeman Franklin County

Estimate/PO:

AccountRep:

House

BillingCycle:

**Broadcast Month** 

InvoiceType: Run Dates:

Detail Notarized Affidavit 4/30/2024 - 5/21/2024

Items Ordered:

24

Gross Amount: Discounts:

264.00 0.00

Agency Commission:

0.00

Net Amount:

264.00

Scheduled Station(s): WLHR
Samuel Freeman Franklin County BoardCommissioners District 2

rinted 4/26/2024 2:27:39 PM Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Descriptio	Avail Type	Copy ID	Qty	Item Cost	Total Cost
1 4/30/2024 - 5/2/2024 2 5/6/2024 - 5/10/2024 3 5/13/2024 - 5/17/2024 4 5/20/2024 - 5/21/2024	All Weeks All Weeks All Weeks All Weeks	06:00 AM - 10:00 AM 06:00 AM - 10:00 AM 06:00 AM - 10:00 AM 06:00 AM - 10:00 AM	2 2 2	2 2 2	2 2	2	2 2			4 6 10 4	:30 :30	Spot Spot Spot Spot		10281-01 10281-01 10281-01 10281-01	4 6 10 4	11.00 11.00 11.00 11.00	44.00 66.00 110.00 44.00
Broadcast Month Pr Apr-24	Cast Month Projected Billing:  Apr-24 0.00 May-24 264.00		00		tu de de constitución con esta	Jun-2	4		0.00	Q	2-2024	es (moj moj para d'em	264.0				
										540							
Confirmed Corre	nfirmed Correct; Payment Guaranteed						Accepted for WLHR										

San Freeman-PB-19Eorder confirmation-WLHR-FM-Poor
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: 4126124 - 1 sol
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 co <del>mpl</del> ete.
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):
Contract #: Date Received/Requested:
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.