

WBBN-FM WXRR-FM WKZW-FM WBBL-FM WKZW-HD2
 BLAKENEY COMMUNICATIONS, INC
 PO BOX 6408
 LAUREL, MS 39441 USA

Order #: 7196-00002
 Description:
 Date Entered: 9/19/2023
 P.O.#:
 Salesperson: JOHNSON, MELISSA
 Invoice Frequency: Billed at end of EOS , Sorted by Date

JAMES CLARK FOR SUPERVISOR
 322 SHARON MOSS ROAD
 LAUREL, MS 39443

On-Air Schedule

	Start Date	End Date	Station	Scheduled Time/Event	Repeated	Length	Qty	Rate	Total	M	Tu	W	Th	F	Sa	Su
1	9/20/2023	9/29/2023	WBBN-FM	06:00:00a to 10:00:00a	Weekly	:30	24	21.25	510.00	3	3	3	3	3	0	0
2	9/20/2023	9/29/2023	WBBN-FM	10:00:00a to 01:00:00p	Weekly	:30	8	21.25	170.00	1	1	1	1	1	0	0
3	9/20/2023	9/29/2023	WBBN-FM	03:00:00p to 07:00:00p	Weekly	:30	8	21.25	170.00	1	1	1	1	1	0	0
4	9/20/2023	9/29/2023	WXRR-FM	06:00:00a to 10:00:00a	Weekly	:30	24	15.30	367.20	3	3	3	3	3	0	0
5	9/20/2023	9/29/2023	WXRR-FM	10:00:00a to 01:00:00p	Weekly	:30	8	15.30	122.40	1	1	1	1	1	0	0
6	9/20/2023	9/29/2023	WXRR-FM	03:00:00p to 07:00:00p	Weekly	:30	8	15.30	122.40	1	1	1	1	1	0	0

Order Start Date: 9/20/2023 Order End Date: 9/29/2023 Spots: 80 Total Charges: \$1,462.00

Station does not discriminate in the sale of advertising time, and will not accept advertising which is placed with the intent to discriminate on the basis of race or ethnicity. Any provision in any order or agreement for advertising that purports to discriminate, or has the effect of discriminating, on the basis of race or ethnicity, is hereby declared null and void.

Projected End-Of-Schedule Billing Totals for JAMES CLARK FOR SUPERVISOR / 7196-00002 :

	Spot Count	Net Billing
September 2023	30	\$0.00
October 2023	50	\$1,462.00

Confirmed & Accepted for WBBN-FM WXRR-FM WKZW-FM WBBL-FM

Accepted for JAMES CLARK FOR SUPERVISOR By:

Please Sign and Return One Copy

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, James Clark, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

☐

FEDERAL CANDIDATE

☐

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

James Clark

Authorized committee:

Agency requesting time (and contact information):

☐

N/A

Candidate's political party:

Independent

Office sought (no acronyms or abbreviations):

Date of election:

Nov. 7, 2023

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

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.

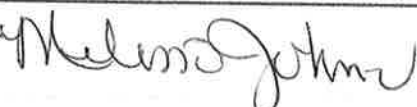
Candidate/Committee/Agency

Station Representative

Signature:



Signature:



Name:

James Clark

Name:

Melissa Johnson

Date of Request to Purchase Ad Time:

9/19/2023

Date of Station Agreement to Sell Time:

9/19/2023

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 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):
Spot 1

Contract #:

7196-00002

Station Call Letters:

WTBN-FM

Date Received/Requested:

9/19/2023

Est. #:

Station Location:

Taylorville, MS

Run Start and End Dates:

9/20 - 9/29/2023

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.

←

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: 9-19-23

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):

Spot 2

Contract #:

7194-00002

Station Call Letters:

WBBN-FM

Date Received/Requested:

9/19/2023

Est. #:

Station Location:

Taylorsville, MS

Run Start and End Dates:

9/20-9/29/2023

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.