

KIM MERIDITH 1789 N. BLUE BLUFF RD. MARTINSVILLE, IN 46151

WCBK-FM Order Confirmation OrderID: 0776-001

Sponsor:

Product:

Kim Meridith for Morgan County Council

Kim Meridith

Estimate/PO: AccountRep:

Political

BillingCycle:

Calendar Month

InvoiceType:

Detail

Run Dates:

4/25/2024 - 5/6/2024

Items Ordered:

Ordered Amount: \$1,050.00

Scheduled Station(s): WCBK-FM Kim Meredith-Political Primary-May

2024 All Weeks onth Projected Billing [No	6A - 7P et]: 525.00	7 May-24	7	7	7	7	7		42	:30	Spot	Туре	2624	70	15.00	1,050.00
6000 0.120 0 1000 0.00 0.00 0.	20.50	May 24														
Apr-24	525.00	May 24														
		ividy-24			525.	00			Jun-24			0.00		Q2-2024		1,050.00
rı	rect; Payment Gu	rect; Payment Guaranteed Acce	rect; Payment Guaranteed Accepted	rect; Payment Guaranteed Accepted for	rect; Payment Guaranteed Accepted for WCE	rect; Payment Guaranteed Accepted for WCBK-FM										

[&]quot;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, gender, 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, gender, or ethnicity, is hereby declared null and void."

^{**30-}DAY NOTICE IS REQUIRED TO CANCEL ANY ORDER.



WCBK-FM Statement of Account

Account ID: 0776
Statement Date: 4/24/2024
Account Rep: Political

Please Pay This Amount \$0.00

Amount Paid: _____

KIM MERIDITH 1789 N. BLUE BLUFF RD. MARTINSVILLE, IN 46151

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Reference	Date	Type	Description	Amount	Balance
24040061.0	4/24/2024	PRE	PrePayment: Credit Card reserved for Order: 0776-0 PENDING ORDER: 0776-001 Kim Meridith 4/25/2024	-1,050.00 1,050.00	0.00
			Statement Total	al:	\$0.00

Please Pay This Amount

\$0.00

Current	31-60 Days	61-90 Days	91-120 Days	121+ Days	Total Due

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges. I, hereby request station time as follows:						
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE						
	ALL QUESTIONS/BLOCKS MUST BE COMPLETED					
Candidate name) Merideth						
Authorized committee: Kim Merideth Election Committee						
Agency requesting time (and contact information): N/A						
Candidate's political party:						
Office sought (no acronyms or abbreviations): Morgan County Council At Large						
Date of election:	General					
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: Muridell	Signature: R Alliott					
Name: Kim Mendeth	Name: Dawn R Elliott					
Date of Request to Purchase Ad Time: 4/24/24 Date of Station Agreement to Sell Time: 4/24/24						

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.

27. 27.						
Candidate/Authorized Committee/Agency						
Signature:						
Name:						
Date:						
TO BE COMPLETED BY STATION ONLY						
Ad submitted to Station?	s No Date ad received:	4-24-24				
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):						
Rejected – provide reason:	y not yet received to determine sponsor ID)					
*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 #: 0776-001	Station Call Letters: WCBK	Date Received/Requested:				
Est. #:	Station Location: MARTINSVILLE	Run Start and End Dates: 4/35/34 - 5/6/34				
	raffic system print-out) or other documents time purchased, when spots actually aired,					

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.