

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Carolyn A Highsmith, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Carolyn Highsmith

Authorized committee:

Carolyn Highsmith for City Council-SOUTH WARD Committee

Agency requesting time (and contact information):

N/A Carolyn Highsmith for City Council-SOUTH WARD Committee, 3335 Anderson Dr, Winston-Salem, NC 27127

Candidate's political party:

Democratic

Office sought (no acronyms or abbreviations):

Winston-Salem City Council-SOUTH WARD

Date of election:

March 5, 2024

General

Primary

Treasurer of candidate's authorized committee:

Carolyn A Highsmith

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):


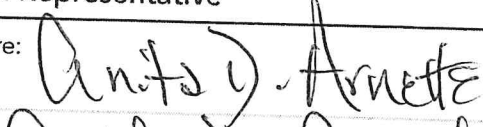
the candidate listed above who is a legally qualified candidate, or

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:  Name: Carolyn A Highsmith	Signature:  Name: Anita D Arnette
Date of Request to Purchase Ad Time: Feb. 19, 2024	Date of Station Agreement to Sell Time: 2/20/2024

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:

Carolyn A. Highsmith

Name: Carolyn A. Highsmith

Date: Feb. 19, 2024

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: 2-24-24

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): 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 #: <i>N/A</i>	Station Call Letters: <i>WPOL-AM</i>	Date Received/Requested: <i>2-24-24</i>
Est. #: <i>N/A</i>	Station Location: <i>GREENSBORO NC</i>	Run Start and End Dates: <i>2-24-24 to 3-3-24</i>

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.



Notes copy

Broadcast Agreement

Truth Broadcasting Corporation
4405 Providence Lane Suite D
Winston-Salem, NC 27106

Phone: 336-759-0363 Fax: 336-759-0366

Date 20-Feb

Bill To: _____ Adv _____ Agency _____ Rep Firm _____
 Agency Commission _____ 15% 20%
 Rep Firm Commission _____ 15% 20%
 Bill To: Comm. To Elect Carolyn Highsmith
 Attention: Mrs. Carolyn Highsmith
 Address: 3335 Anderson Drive
 Address: Carolynhighsmith@outlook.com
 City, State: Winston Salem, NC 27127
 Phone: 336-940-7076

Contract # _____
 Salesperson: Quita Arnette
 Order Type: New Ext _____ Canx _____ Chng _____ PPD _____
 Advertiser: Comm. To Elect Carolyn Highsmith
 Sales Type: LS Industry: Political
 Start Date: 2/24/2024 End Date: 3/3/2024
 Billing: Standard Calendar Broadcast Calendar
 Notrizd Aff: Y N Co-op: Y N Script Y N

Stations WTRU WCRU WDRU WL ES KUTR WTOD WTKD WKHF WVMP WGTK WLXK WMYN
WPOL WK EW WFMO WPET WSTS WTSB WWNT WSJS

Station	Start Date	End Date	M	T	W	R	F	Sa	Su	Total Ads	Daypart	:30 :60	Spot Rate	Total \$	P C
WPOL	2/24/2024	2/25/2024						2			6a-12m	60s	\$ 30.00	\$60.00	
									2		6a-12m	60s	\$ 30.00	\$60.00	
														\$120.00	
WPOL	3/2/2024	3/3/2024						2			6a-12m	60s	\$ 30.00	\$60.00	
									2		6a-12m	60s	\$ 30.00	\$60.00	
														\$120.00	
														\$0.00	
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Total Dollars for Order														\$240.00	

Special Instructions

Political Spots 2024

Highsmith Check # 1040 Campaign

Approval

Advertiser _____

Truth Network Mgr _____

Truth Broadcasting Corporation and its stations do not discriminate in advertising contracts on the basis of race or gender. Any provision in any order or agreement for advertising that purports to discriminate on the basis of race or gender, even if handwritten, typed, or otherwise made a part of a particular contract, is hereby rejected. Truth Broadcasting requires a thirty day written cancellation notice. Buyer agrees to pay for advertising ordered within that thirty day period regardless of whether it airs (in the cases of advertise supplied content.)