Order #1087352: Bascome/R/../Bascome/R/../Primary 2024/

Dat	e Action	Comment	By	Total \$ # Spots	
F	03/01/24 4:04:01 PM Cash in Advance Removal	[cleared cash in adv] client paid via cc	Veronica Hall (veronica.hallı	\$197.20	9
6	03/01/24 2:53:10 PM Processed	<async process=""></async>	Melissa Lawson (melissa.la	\$197.20	9
	03/01/24 2:52:32 PM Approved		Veronica Hall (veronica.hall	\$197.20	9
	03/01/24 2:52:29 PM Approval Workflow	[Centralized AR - Business Office Approval Needed Default]	Veronica Hall (veronica.hall	\$197.20	9
	03/01/24 2:40:09 PM Approval Workflow	[Sales Manager - Ready Default]	Erin Moran (emoran@cumu	\$197.20	9
	03/01/24 2:40:06 PM Ready for approval Credit Stop	NEW	Erin Moran (emoran@cumu	\$197.20	9
	03/01/24 2:38:23 PM New order created	Copied from Order #1087344	Erin Moran (emoran@cumu	\$149.90	7

[Sorted by: Date]

ORDER

Order / Rev:	1087352		
Alt Order #:			
Product Desc:	Primary 2024		
Estimate:			WGNI-FM
Flight Dates:	03/03/24 - 03/05/24	Primary AE:	Erin Moran
Original Date / Rev:	03/01/24 / 03/01/24	Sales Office:	L-WNC
Order Type:	GENERAL	Sales Region:	Local
Name:	Bascome/R/NHC Board Of Education		
Buying Contact:	Nikki Bascome	Billing Type:	Cash
Billing Contact:	Nikki Bascome	Billing Calendar:	Calendar
	4104 Waylon Road	Billing Cycle:	EOM/EOC
	Wilmington, NC 28411	Agency Commission:	0%
Name:	Bascome/R/NHC Board Of Education		
Demographic:	A25-54	New Business End:	03/05/24
Product Codes:	Municipal Government	Advertiser External ID:	
Revenue Code 1:	DIR	Agency External ID:	
Revenue Code 2:	POL-CAND	Unit Code:	General
Revenue Code 3:	POL-STATE	Order Separation:	00:15:00
Priority:	P-100		
	Alt Order #: Product Desc: Estimate: Flight Dates: Original Date / Rev: Order Type: Name: Buying Contact: Billing Contact: Billing Contact: Product Codes: Revenue Code 1: Revenue Code 2: Revenue Code 3:	Alt Order #: Product Desc: Primary 2024 Estimate: Flight Dates: 03/03/24 - 03/05/24 Original Date / Rev: 03/01/24 / 03/01/24 Order Type: GENERAL Name: Bascome/R/NHC Board Of Education Buying Contact: Nikki Bascome Billing Contact: Nikki Bascome 4104 Waylon Road Wilmington, NC 28411 Name: Bascome/R/NHC Board Of Education Demographic: A25-54 Product Codes: Municipal Government Revenue Code 1: DIR Revenue Code 2: POL-CAND Revenue Code 3: POL-STATE	Alt Order #: Product Desc: Primary 2024 Estimate: Flight Dates: 03/03/24 - 03/05/24 Primary AE: Original Date / Rev: 03/01/24 / 03/01/24 Sales Office: Order Type: GENERAL Sales Region: Name: Bascome/R/NHC Board Of Education Buying Contact: Nikki Bascome Billing Type: Billing Contact: Nikki Bascome Billing Calendar: 4104 Waylon Road Billing Cycle: 4104 Waylon Road Billing Cycle: Wilmington, NC 28411 Agency Commission: Name: Bascome/R/NHC Board Of Education Demographic: A25-54 New Business End: Product Codes: Municipal Government Advertiser External ID: Revenue Code 1: DIR Agency External ID: Revenue Code 2: POL-CAND Unit Code: Revenue Code 3: POL-STATE Order Separation:

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
03/01/24	03/05/24	9	\$197.20	\$197.20

Month	# Spots	Gross Amount	Net Amount	Rating
March 2024	9	\$197.20	\$197.20	0.00
Totals	9	\$197.20	\$197.20	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Erin Moran			Start Of Order - End Of Order	100%

Ln Ch	Start	End	Inventory Code	Break	Start/End	Time Days	Len Sp	ots	Rate Pri	Rtg Type	Spots	Amount
N 1 WGNI	03/04/2	4 03/05/24	M-F AM Drive	CM	6a-10a	22	:30	4	\$23.80P-30	0.00 NM	4	\$95.20
			M-F									
Sta	art Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	Rating						
Week: 03	/04/24	03/10/24	22	4	\$23.80	0.00						
N 2 WGNI	03/04/2	4 03/05/24	M-F PM Drive	CM	3р-7р	-3	:30	3	\$23.80P-30	0.00 NM	3	\$71.40
			M-F									
Sta	art Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	Rating						
Week: 03	/04/24	03/10/24	-3	3	\$23.80	0.00						
N 3 WGNI	03/03/2	4 03/03/24	Sa-Su Midday	СМ	10a-3p	2	:30	2	\$15.30P-30	0.00 NM	2	\$30.60
			Sa-Su									
Sta	art Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	Rating						
Week: 02	/26/24	03/03/24	2	2	\$15.30	0.00						
									-	Γotals	9	\$197.20

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.				
l, Nikki Bascome	, hereby request station time as follows:				
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE				
STAT	TE OR LOCAL CANDIDATE				
ALL QUESTIONS/BLOCK	KS MUST BE COMPLETED				
Candidate name: Nikki Bascome					
Authorized committee: Committee to elect Nikki M Ba	scome				
Agency requesting time (and contact information):					
Candidate's political party: Republican					
Office sought (no acronyms or abbreviations): New Hanov	ver County Board of Education				
Date of election: 3/5/24	General Primary				
Treasurer of candidate's authorized committee: Robert	: Lockerby				
The undersigned represents that:					
(1) the payment for the broadcast time requested has been fu	rnished by (check one box below):				
the candidate listed above who is a legally qualified ca	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 \boldsymbol{k}	y 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 DISCIN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY				
Candidate/Committee/Agency	Station Representative				
Signature: Nikki Bascowe	Signature: Ene McCaD				
Name: Nikki Bascome	Name: Eric McCart				
Data of Request to Purchase Ad Time: 02-01-2024	Date of Station Agreement to Sell Time: 3/1/2024				

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:								
Name:								
Date:								
TO	BE COMPLETED	BY STATION O	NLY					
Ad submitted to Station? Yes	s No	Date ad received:	3/1/2024					
Note: Must have separate PB-19 Form	ns for each version	of the ad (i.e., for	every ad with differing copy).					
Federal candidate certification signed (ab	pove): Yes	No No	N/A					
Disposition: Accepted Accepted IN PART (e.g., ad copy Rejected – provide reason: *Upload partially accepted form, then pro		,						
Date and nature of follow-ups, if any (e.g.	, insufficient sponsor I	ID tag):						
Contract #: 1087352-Bascome-R-NHC Board of Education-W	Station Call Letters: GNI	WGNI-FM	Date Received/Requested: 3/1/2024					
Est. #:	Station Location:	Wilmington, NC	Run Start and End Dates: 3/3/24-3/5/24					
Upload order, this form and invoice (or trause this space to document schedule of tipurchased or attach separately. If station of a contact person who can provide that the OPIF.	ime purchased, when will not upload the act	spots actually aired, tual times spots aired	the rates charged and the classes of time d until an invoice is generated, the name					