



Please remit to:
 DELTA RADIO NETWORK LLC
 PO BOX 1756
 GREENVILLE MS 38702-1756
 Phone 662-394-8865

WIBT-FM Order Confirmation

OrderID: 11232-002

Sponsor: COMMITTEE TO ELECT OLANDA MORTON
 Product: COMMITTEE TO ELECT OLANDA MORTON
 Estimate/PO: AUGUST 29 RUNOFF ELECTION
 AccountRep: Jim Polliard
 BillingCycle: Calendar Month
 InvoiceType: Times/Rates
 Run Dates: 8/16/2023 - 8/29/2023
 Items Ordered: 140
 Ordered Amount: \$490.00

COMMITTEE TO ELECT OLANDA MORTON
 P.O. BOX 756
 MOUND BAYOU, MS 38762

Scheduled Station(s): WIBT-FM COMMITTEE TO ELECT OLANDA MORTON

Printed 10/7/2023 10:38:30 AM

Page 1

Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 8/16/2023 - 8/28/2023	All Weeks	ROS	10	10	10	10	10	10	10	70	:30	Political		10592	130	3.50	455.00
02 8/29/2023 - 8/29/2023	All Weeks	05:00 AM - 06:59 PM		10						10	:30	Political		10592	10	3.50	35.00

Calendar Month Projected Billing [Net]:

Month	Projected Billing	Actual Billing	Balance
Jul-23	0.00		
Aug-23		490.00	
Sep-23			0.00
Q3-2023	0.00	490.00	490.00

Confirmed Correct; Payment Guaranteed

Accepted for WIBT-FM

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Olanda Morton, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input type="checkbox"/> FEDERAL CANDIDATE
	<input type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:
Olanda Morton

Authorized committee:

Agency requesting time (and contact information):
 N/A

Candidate's political party:
Democratic

Office sought (no acronyms or abbreviations):
Supervisor District 3

Date of election: 08/08/23 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: <u>Olanda Morton</u>	Name: <u>Jim Pollino</u>
Date of Request to Purchase Ad Time: <u>7/28/23</u>	Date of Station Agreement to Sell Time: <u>7/31/23</u>

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: _____

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 #:	Station Call Letters:	Date Received/Requested:
Est. #:	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.