



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

# WIBT-FM Order Confirmation

**OrderID: 11231-001**

Sponsor: COMMITTEE TO ELECT SHEILA WASHINGTON  
 Product: COMMITTEE TO ELECT SHEILA WASHINGTON  
 Estimate/PO:  
 AccountRep: Vince Roberts  
 BillingCycle: End-of-Schedule  
 InvoiceType: Times  
 Run Dates: 8/3/2023 - 8/8/2023  
 Items Ordered: 18  
 Ordered Amount: \$162.00

COMMITTEE TO ELECT SHEILA WASHINGTON  
 PO BOX 1792  
 GREENVILLE MS 38702

## Scheduled Station(s): WIBT-FM COMMITTEE TO ELECT SHEILA WASHINGTON

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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 8/3/2023 - 8/8/2023	All Weeks	11:00 AM - 07:00 PM	3	3	3	3	3	3	3	21	:30	Political		10552	18	9.00	162.00
<b>End-of-Schedule Projected Billing [Net]:</b>																	
Jul-23	0.00	Aug-23			162.00				Sep-23			0.00		Q3-2023			162.00

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, Sheila A. Washington, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE <span style="font-size: 2em;">➔</span>	<input type="checkbox"/>	FEDERAL CANDIDATE
	<input checked="" type="checkbox"/>	STATE OR LOCAL CANDIDATE

**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name: Sheila A. Washington

Authorized committee: Sheila A. Washington

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

Candidate's political party:

Office sought (no acronyms or abbreviations):

Date of election: August 8, 2003       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.

**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: <u>Sheila A. Washington</u>	Signature: <u>Vince Roberts</u>
Name: <u>Sheila A. Washington</u>	Name: <u>Vince Roberts</u>
Date of Request to Purchase Ad Time: <u>7/31/2003</u>	Date of Station Agreement to Sell Time:



# Pay Your Invoices by Credit Card or Bank Draft

Save time and money by paying your Delta Radio Network invoices by Credit Card or Automatic Bank Draft. No more envelopes to seal, no more stamps to lick. We accept MasterCard, VISA, American Express or Discover Card. If you have a credit card tied to an airline frequent flyer program, this means you can now earn airline miles for your advertising. Automatic Bank Draft (ACH payment) from your financial institution is also available.

To make a payment, fill out the information below and return to us. Also, if you're not already receiving your monthly invoice by e-mail, please consider this option. With the increased cost of postage, e-mailing invoices not only enables us to save money, but it's also an environmentally-friendly alternative to mailing paper bills – and far more efficient than the Post Office.

### Authorization for Electronic Payment Processing

Please charge my  MasterCard  VISA  AMEX  Discover Card # \_\_\_\_\_  
for my advertising bill.

Please charge my Bank Account # \_\_\_\_\_ Type of Account:  Checking  Savings  
Name of Bank \_\_\_\_\_ Routing Number \_\_\_\_\_

You may charge my card or bank account automatically each month for the amount of my invoice(s). This authorization will continue in effect until revoked in writing.

Charge my card or bank account for a one-time payment in the amount of: \$ 162.00

Name on card or bank account: Sheila A. Washington

If a credit card, please also specify:

Billing address: 2492 Mourning Dove City/State/Zip Greenville, MS 38741

Expiration Date: 07/26 CID/CVV Code 911

Signature Sheila A. Washington Advertiser Name \_\_\_\_\_

Contact phone number 662-347-6982

E-mail address for receipt: sheila.washington@hotmail.com

Payments, including credit or debit card charges, that are returned for any reason will incur a returned payment fee of \$35.00. The use of a credit or debit card or the use of paper or electronic check to make a payment is your acknowledgement that if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any applicable returned payment fees.

### Authorization for E-Mail Billing

Please send all invoices and statements for (name of business) Sheila Washington to (e-mail address) sheila.washington@hotmail.com. I understand that these will be sent as PDF files. (You must have Adobe PDF reader or equivalent to open PDF files. If you don't have it, ask us how to download it free. In order to ensure delivery, please add traffic@radioguys.net to your spam filter's "white list").

Signature Sheila A. Washington Account Name \_\_\_\_\_

**Please return this form to your Business Development Specialist or fax to us at 888-704-4762. Thank you!**