

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Louise McColl, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

BILL SAFFO

Authorized committee:

BILL SAFFO FOR MAYOR

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democrat

Office sought (no acronyms or abbreviations):

Mayor

Date of election:

11/2/21

General

Primary

Treasurer of candidate's authorized committee:

JANET MONTENOSE

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:

Louise McColl

Signature:

Valerie A. Brooks

Name:

Louise McColl

Name:

Valerie A. Brooks

Date of Request to Purchase Ad Time:

10/25/21

Date of Station Agreement to Sell Time:

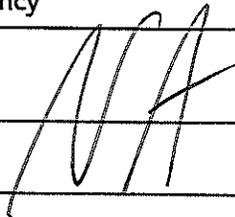
10/25/21

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: 10/25/21

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 #: <u>292368</u>	Station Call Letters: <u>WKXB-TV</u>	Date Received/Requested: <u>10/25/21</u>
Est. #:	Station Location: <u>Wilmington NC</u>	Run Start and End Dates: <u>10/27/21 - 11/2/21</u>

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.

CONTRACT



Sunrise Broadcasting, LLC
 25 North Kerr Avenue
 Wilmington, NC 28405
 (910)763-9990

Contract / Revision 292368 /		Alt Order #
Advertiser Bill Saffo for Mayor (W)		Original Date / Revision 10/25/21 / 10/25/21
Contract Dates 10/27/21 - 11/02/21	Estimate # General election 2021	
Product		
Billing Cycle EOM/EOC	Billing Calendar Calendar	Cash/Trade Cash
Property WKXB-FM	Account Executive Sunrise House	Sales Office WILM Local
Special Handling		
Demographic Households		
Agency Ref	Advertiser Code	Product 1/2
Agency Ref		Advertiser Ref

And:

Bill Saffo for Mayor (W)
 PO Box 3415
 Wilmington, NC 28406

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/Week	Rate	Type	Spots	Amount
N 1	WKXB	10/27/21	11/02/21	M-F AM Drive	6a-10a		:30			NM	10	\$150.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	10/25/21	10/31/21	--222--				6	\$15.00			
	Week:	11/01/21	11/07/21	22-----				4	\$15.00			
N 2	WKXB	10/27/21	11/02/21	M-F Midday	10a-3p		:30			NM	8	\$142.80
	Week:	10/25/21	10/31/21	--222--				6	\$17.85			
	Week:	11/01/21	11/07/21	2-----				2	\$17.85			
N 3	WKXB	10/27/21	11/02/21	M-F PM Drive	3p-7p		:30			NM	8	\$149.60
	Week:	10/25/21	10/31/21	--222--				6	\$18.70			
	Week:	11/01/21	11/07/21	2-----				2	\$18.70			
N 4	WKXB	10/27/21	11/02/21	Sa-Su Midday	10a-3p		:30			NM	2	\$24.00
	Week:	10/25/21	10/31/21	-----2-				2	\$12.00			
	Week:	11/01/21	11/07/21	-----				0	\$18.70			
N 5	WKXB	10/27/21	11/02/21	Sa-Su Midday	10a-3p		:30			NM	2	\$12.00
	Week:	10/25/21	10/31/21	-----2				2	\$6.00			
	Week:	11/01/21	11/07/21	-----				0	\$18.70			
Totals											30	\$478.40

Time Period	# of Spots	Gross Amount	Net Amount
10/01/21 - 10/31/21	22	\$345.30	\$345.30
11/01/21 - 11/02/21	8	\$133.10	\$133.10
Totals	30	\$478.40	\$478.40

Signature: _____ **Date:** _____

Capitol Broadcasting
3100 Highwoods Blvd Suite 140
Raleigh, NC 27604
Phone: (919) 890-6139

Bill Saffo for Mayor (W)
Bill Saffo for Mayor

3100
28406

Thank you for your payment. The following information provides the details of this transaction.

Transaction : Sale
Date / Time : 10/25/2021 2:36:37 PM
Invoice # : 292368
Customer # : 1
PO / Order # : 1
Card Number : Visa - 7851
Entry Method : Keyed
Total Amount : 478.40
Authorization : Approved - 581334

Reference Note: WOID-00813D31 WKXB-FM

Please contact us if you have any questions or if we can be of further assistance.