

New Order

Agency: American Media & Advocacy Group **Station:** WJAN-TV
Office: Alexandria **Order Type:** Normal
Client: 754 - Rick Scott for Florida **Cancel Date:**
Product: 1924 - 2024
Piggyback Product:
Estimate: 16345 - SL TV Apr 25- May 1 **Received in ePort:** 4/16/2024 9:17:51 AM

Flight Start: 04/25/2024
Flight End: 05/01/2024
Hiatus:

Airtime Dollars: \$2,500.00
Interactive Dollars: \$0.00
Non-Airtime Dollars: \$0.00
Total Dollars: \$2,500.00
Total Spots: 5

Primary Demo: A35+ **Local/National:** Local
Demo 2: **Rep Office:** WJAN-TV
Demo 3: **AE:** Toni Menicocci
GRP: 2.40 **Phone:**
CPP: \$1,041.67 **OrderID:** 13373555
GIMP: 0 **Status:** Pending Review
CPM: \$0.00

MarketShare:

Comments:
 Separation: 30
 PopulationBuyType: CPP

Daily Airtime Lines

Line No	Daypart (Program)	DPT Code	Rate	C/I	Len	4/25	4/26	4/27	4/28	4/29	4/30	5/1	Total Spots	Rtg	CPP	Imp	CPM
1	THFMTuW 7P-8P AN7	PT	\$500.00	C	30	1	1	0	0	1	1	1	5	0.48	\$1,041.67		
Total Spots: 1 1 0 0 1 1 1 Total GRP: 0.5 0.5 0.0 0.0 0.5 0.5 0.5													A35+				
Total GRP: 0.5 0.5 0.0 0.0 0.5 0.5 0.5 Total GRP - CPP: \$2,500.00 - 0 Total Cost: \$2,500.00 Total GRP - CPP: 2.4 - \$1,041.67 Total GIMP(000) - CPM: 0 - \$0.00																	

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.
 I, American Media & Advocacy Group, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ←
 FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Rick Scott
 Authorized committee: Rick Scott for Florida
 Agency requesting time (and contact information): N/A American Media & Advocacy Group
 Candidate's political party: Republican
 Office sought (no acronyms or abbreviations): United States Senator from Florida
 Date of election: August 20, 2024
 Treasurer of candidate's authorized committee: Salvatore Purpura

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
 Signature: Steve Sykes
 Name: Steve Sykes
 Date of Request to Purchase Ad Time:

Station Representative
 Signature: [Signature]
 Name: Salvatore Purpura
 Date of Station Agreement to Sell Time: 4/14/24

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'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:

Steve Sykes

Name: Steve Sykes

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:
See attached	WJTV	
Est. #:	Station Location:	Run Start and End Dates:
See attached	Haley Gardens, A 33018	See attached

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 in 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.