

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISING
STATE/LOCAL CANDIDATES

Cathy Dailey, a legally qualified candidate for
(Candidate Name)
the office of: Parlersburg City Council, hereby requests broadcast time for
the Primary; Special; General Election to be held: (date) May 14th

on the dates, times and stations as shown by the attached schedule(s). I represent that the payment for the above described broadcast time charges has been furnished by:

Cathy Dailey
(Committee/Organization Name)
and that the station is authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee or organization of the legally qualified candidate. The name of the treasurer of the candidate's authorized committee is:

None

Address: 55 Meadowcree Dr. Parlersburg, WV 26104
(Of Candidate, Campaign Office or of Campaign Treasurer--for purpose of any required notice)

This station has disclosed to me its political advertising policies including applicable classes and rate; and discount, promotional and other sales practices. **Except as otherwise controlled by the Federal laws applicable to political advertising, this station, by FCC regulation, is not allowed to discriminate in the sale of advertising time on the basis of race or ethnicity.**

Total Charges: \$ 720

Approved:

[Signature], (Date) 4/4/24

Candidate: ; Authorized Committee Representative:

[Signature], (Date) 4/4/24

For Seven Ranges Radio/WRRR/WVVV/WXCR

Seven Ranges Radio, Inc.
 WRRR-FM/WXCR-FM/WVVV-FM

BROADCAST TIME ORDER SHEET

ORDER# _____

93R WXCR-FM V96.9 *WV Ann*

BILLING INFORMATION

Advertiser: *Kathy Daily for City Council*
 Contact: _____
 Address: *55 meadowcrist Dr*
Piburg WV 26101
 Phone: _____

CANCEL BEFORE START: REVISION:
 Agency: _____
 Address: _____
 Contact: _____
 Phone: _____

Date: *4/11/24*
 Name: *[Signature]*
 Cash:
 Trade:
 PSA:
 Political:

Purchase Order# _____ Billing Cycle: _____ Affidavit: Co-Op: Script: _____ Client Confirmation: Non Broadcast Invoice:
 Estimate# _____

ORDER INFORMATION

START: *4/15*
 END: *5/14*

Statement Description: _____
 Special Instructions: _____

Date		Length	Time		Spot Schedule							Unite Rate			
Start	Stop		Start	Stop	M	T	W	T	F	SA	SU	93.9	92.3	96.9	ANN/Wk
<i>4/15</i>	<i>5/14</i>	<i>15</i>	<i>6a</i>	<i>7a</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>				<i>3</i>

93R Total Spots: _____ Total Monthly: _____
 WXCR-FM Total Spots: _____ Total Monthly: _____
 V9.69 Total Spots: _____ Total Monthly: _____

Total Contract: *\$ 360 -*

THIS STATION DOES NOT DISCRIMINATE ON THE BASIS OF RACE OR ETHNICITY