

# 1106966 History

Date	Action	Line	Comment	By	Total \$	# Spots	Expected GRI
04/12/24 1:52:37 PM	Processed		<async process>	Michelle Z	\$1,260.00	12	0.00
04/12/24 1:48:07 PM	Approved			Rachel Ort	\$1,260.00	12	0.00
04/12/24 1:48:04 PM	Approval Workflow		[Centralized AR - Business Office Approval Needed Default]	Rachel Ort	\$1,260.00	12	0.00
04/12/24 1:40:22 PM	Approval Workflow		[Sales Manager - Ready Default]	Hertisene	\$1,260.00	12	0.00
04/12/24 12:13:01 PM	Ready for approval		Ready for approval	Eula Patte	\$1,260.00	12	0.00
04/12/24 11:01:34 AM	New order created		<new order>	Eula Patte	\$0.00	0	0.00

[Sorted by: Date]



POLITICAL INQUIRY FORM

(TO BE COMPLETED BY STATION REPRESENTATIVE RESPONDING TO THE INQUIRY)

INSTRUCTIONS: This form must be completed as to all requests, both oral and written, for broadcast time to be used by or on behalf of (1) a candidate for public office or (2) persons who wish to communicate a message relating to "any political matter of national importance," as defined in the Bipartisan Campaign Reform Act of 2002. It is to be kept in the Station Public File for a period of two years.

STATION WZRR-FM DATE OF REQUEST: 4-2-2014

INQUIRY MADE BY: National Federation of Independent Business

AGENCY (if any): national Federation of Independent Business

ADDRESS OF AGENCY: 555 12th St N.W./ Suite 1001

CITY, STATE, ZIP OF AGENCY: Washington, DC 20004

TELEPHONE NUMBER OF AGENCY: 202-314-2059

CANDIDATE: issue

ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY): NFIB

IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE:

ADDRESS OF COMMITTEE: Same as above

CITY, STATE, ZIP OF COMMITTEE:

TELEPHONE NUMBER OF COMMITTEE: same as above

COMMITTEE OFFICERS:

Chairman: Brad Clere, President

Vice Chairman:

Treasurer:

Secretary:

Is this the Candidate's Authorized Committee? ( ) yes ( ) no

OFFICE SOUGHT: PARTY AFFILIATION:

( ) federal ( ) state ( ) local

ELECTION AND DATE:

( ) primary ( ) general



# CUMULUS BIRMINGHAM

FOR ISSUE ADS ONLY:

- a. Candidate(s) and offices (if any) referred to: \_\_\_\_\_
- b. Federal election(s) (if any) referred to: \_\_\_\_\_
- c. Issue(s) discussed: \_\_\_\_\_
- d. Name, Address, Phone Number of Contact: \_\_\_\_\_

DATES REQUESTED: 4/15 - 4/26 / 2024

LENGTH OF SPOT/PROGRAM TIME REQUESTED: 30

REQUEST MADE:

in writing       orally  
If request is made in writing, attach and retain.

STATION OFFER: Rates

DISPOSITION OF REQUEST:

granted       denied  
If not granted, state reasons in space below. If denied in writing, attach and retain. If granted, attach contract and invoice, when available.

REQUEST FOR DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED:

yes       no  
Attach any written documentation received.

DATE POLITICAL DISCLOSURE FORM SUBMITTED TO REQUESTOR: \_\_\_\_\_

### COMMENTS

STATION REP	
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REVIEWED	
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## ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, Jon Thompson, hereby request station time as follows: See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

**Check one:**

- Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level.
- Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

**Station time requested by:** National Federation of Independent Business

Agency name: N/A

Address: 555 12th St NW Suite 1001, Washington, DC 20004

Contact: Jon Thompson

Phone number: 202-314-2059

Email: Jon.Thompson@NFIB.org

**Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):**

Name: National Federation of Independent Business

Address: 555 12th St NW Suite 1001, Washington, DC 20004

Contact: Jon Thompson

Phone number: 202-314-2059

Email: Jon.Thompson@NFIB.org

Station is authorized to announce the time as paid for by such person or entity.

**List ALL of the chief executive officers or members of the executive committee or board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.):**

Brad Close, President

By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s).

**If ad refers to a federal candidate(s) or federal election, list ALL of the following:**

N/A

Name(s) of every candidate referred to:

Office(s) sought by such candidate(s) (no acronyms or abbreviations):

Date of election:

Clearly identify **EVERY** political matter of national importance referred to in the ad (no acronyms); use separate page if necessary:

N/A

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor	Station Representative
Signature: <i>Jon Thompson</i>	Signature: <i>Eula Patterson</i>
Name: Jon Thompson	Name: <i>Eula Patterson</i>
Date of Request to Purchase Ad Time: 4/15/23 - 4/26/23	Date of Station Agreement to Sell Time: <i>4-11-2024</i>

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to station?  Yes  No      Date ad received: *4-11-2024*

**Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy).**

If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.

Disposition:

Accepted

Accepted IN PART (e.g., ad not received to determine content)\*

Rejected – provide reason:

\*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any:

Contract #:	Station Call Letters: <i>WZKR-FM</i>	Date Received/Requested: <i>4-2-2024</i>
Est. #:	Station Location: <i>Bham, AL</i>	Run Start and End Dates: <i>4/15-4/26/2024</i>

**For national issue ads only (not required for state/local issue ads):**

Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.



CERTIFICATE OF DISCLOSURE

CANDIDATE clsue

REPRESENTATIVE (if applicable): Jon Thompson

METHOD OF DISCLOSURE (check any that apply):

By telephone to \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date).

Mailed to \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date).

By facsimile to \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date).

In person to \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date).

By e-mail to X \_\_\_\_\_ (person's name) on 4/12/24 (date).

ACCOUNT EXECUTIVE (initials) ep

RECEIVED BY: JON THOMPSON  
Candidate or Representative

DATE: 4-12-2024

# ORDER

**Orders**  
**Order / Rev:** 1106966  
 Alt Order #: \_\_\_\_\_  
 Product Desc: Issue  
 Estimate: \_\_\_\_\_  
 Flight Dates: 04/15/24 - 04/26/24  
 Original Date / Rev: 04/12/24 / 04/12/24  
 Order Type: GENERAL

**WZRR-FM**  
 Primary AE: Eula Patterson  
 Sales Office: L-BHM  
 Sales Region: Local

**Agency**  
**Name:** National Federation of Independent B  
 Buying Contact: \_\_\_\_\_  
 Billing Contact: Jon Thompson  
555 12th St. NW  
Washington, DC 20004

Billing Type: Cash  
 Billing Calendar: Calendar  
 Billing Cycle: EOM/EOC  
 Agency Commission: 15%

**Advertiser**  
**Name:** National Federation Independent Busi  
 Demographic: A25-54  
 Product Codes: Issues/Propositions  
 Revenue Code 1: AGY-AVAIL  
 Revenue Code 2: POL-ISS  
 Revenue Code 3: GEN  
 Priority: P-100

New Business End: \_\_\_\_\_  
 Advertiser External ID: \_\_\_\_\_  
 Agency External ID: \_\_\_\_\_  
 Unit Code: General  
 Order Separation: 00:15:00

**Bill Plan**

Start Date	End Date	# Spots	Gross Amount	Net Amount
04/01/24	04/26/24	12	\$1,260.00	\$1,071.00

**Totals**

Month	# Spots	Gross Amount	Net Amount	Rating
April 2024	12	\$1,260.00	\$1,071.00	0.00
<b>Totals</b>	<b>12</b>	<b>\$1,260.00</b>	<b>\$1,071.00</b>	<b>0.00</b>

**Account Executives**

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Eula Patterson			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	WZRR	04/15/24	04/26/24	M-F Midday M-F	CM	10a-3p	11112--	:30	6	\$105.00	P-50	0.00	NM	12	\$1,260.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>					<u>Spots/Week</u>	<u>Rate</u>		<u>Rating</u>			
		Week: 04/15/24	04/21/24	11112--					6	\$105.00		0.00			
		Week: 04/22/24	04/28/24	11112--					6	\$105.00		0.00			
													<b>Totals</b>	<b>12</b>	<b>\$1,260.00</b>

National Federation of Independent Busin



From: Eula Patterson  
 Phone: (205) 917-1916  
 Email: eula.patterson@cumtvl.com  
 4/12/2024 11:11 AM

Flight Dates: 04/15/2024 - 04/26/2024

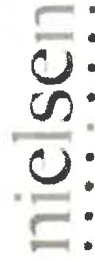
Demo: P 25+

Schedule Description:  
 Independent Businesses

Radio Market: BIRMINGHAM  
 Survey: FEB24 SD (DEC-FEB)  
 Geography: Metro

Daypart	Spots	Length	Unit Rate	Total Cost	Frequency	% Reach	CPP	Schedule Cumulative Persons
	12		\$105.00	\$1,260.00	2.8	2.0%	\$190.00	32,500
<b>WZRR-FM</b>								
Flight A - 2 wks (04/15, 04/22)	12		\$105.00	\$1,260.00	2.8	2.9%	\$190.00	32,500
<b>One Week Total:</b>								
M-F 10A-3P	6	30	\$105.00	\$630.00	2.0	2.1%	\$150.00	26,800
	6	30	\$105.00	\$630.00	2.0	2.1%	\$150.00	26,800

The final demo listed is the Primary Demo  
 This report was created in TAPSCAN using the following Radio information: BIRMINGHAM, FEB24 SD (DEC-FEB); Metro, M-F 10A-3P, P 25+. See Detailed Sourcing Page for Complete Details  
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National Federation of Independent Busin



From: Eula Patterson  
 Phone: (205) 917-1918  
 Email: eula.patterson@cumulus.com  
 4/12/2024 11:11 AM

Schedule Grand Totals: 2 Weeks

Stations	Spots	Unit Rate	Total Cost	Frequency	% Reach	CPP	Schedule Cumulative Persons
WZRR-FM	12	\$105.00	\$1,260.00	2.8	2.9%	\$150.00	\$2,500

*Eula Patterson*  
 Accepted by Station

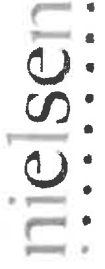
4-12-2024  
 Date

*[Signature]*  
 Accepted by Client

4-12-24  
 Date

This station does not discriminate in the sale of advertising time and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, gender, national origin or ancestry.

The first demo issued in the Primary Demo  
 This report was created in TAPSCAN using the following Radio information: BIRMINGHAM, FEB24 SD (DEC-FEB), Metro, M-F 10A-3P, P.23+ See Detailed Sourcing Page for Complete Details  
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**Cumulus - Birmingham**

244 Goodwin Crest Drive Suite 300  
Birmingham, AL 35209  
Phone: (205) 917-1928

**National Federation of Independent Business-Agency  
Jon Thompson**

**555 12th St NW  
Suite 1001  
Washington, DC 20004**

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

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**Transaction :** Sale

**Date / Time :** 4/12/2024 1:11:49 PM CST

**Invoice # :** 1106966/Fee\_174

**Customer # :** 1

**PO / Order # :** 1

**Card Type :** Visa

**Card Number :** XXXXXXXXXXXXX9911

**Entry Method :** Keyed

**Total Amount :** 1092.42

**Authorization :** Approved - 012261

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**Reference Note:** WOID-00NVG04U WZRR-FM

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