





# Order 1285531 Office of ..Office of ..MONROE COU..

  	Date	Action	Line	Comment	By	Total \$	# Spots	Expected GRF
	04/26/24 12:01:16 PM	Processed		<async process>	Toby Coop	\$420.00	42	0.00
	04/26/24 10:16:22 AM	Approved			Deb Calev	\$420.00	42	0.00
	04/26/24 10:16:19 AM	Approval Workflow		[Centralized AR - Business Office Approval Needed Default]	Deb Calev	\$420.00	42	0.00
	04/26/24 9:50:14 AM	Approval Workflow		[Sales Manager - Ready Default]	Heather KI	\$420.00	42	0.00
	04/26/24 9:22:20 AM	Ready for approval		corrected restrictions tab rev 3 to be gen	Deb Calev	\$420.00	42	0.00
	04/26/24 8:52:49 AM	Approval Workflow		[Sales Manager - Ready Default]	Heather KI	\$420.00	42	0.00
	04/25/24 4:29:29 PM	Ready for approval		NEW ORDER	Mary Sliwii	\$420.00	42	0.00
	04/25/24 3:09:40 PM	New order created		Copied from Order #1265639	Mary Sliwii	\$420.00	42	0.00

[Sorted by: Date]

# ORDER

**Orders**  
**Order / Rev:** 1285531  
 Alt Order #: \_\_\_\_\_  
**Product Desc:** MONROE COUNTY SENIOR FAIR  
 Estimate: \_\_\_\_\_  
**Flight Dates:** 05/13/24 - 05/19/24  
**Original Date / Rev:** 04/25/24 / 04/26/24  
**Order Type:** GENERAL

**WMIM-FM**  
**Primary AE:** Mary Sliwinski  
**Sales Office:** L-TOL  
**Sales Region:** Local

**Agency**  
**Name:** Office of Congressman Tim Walberg  
**Buying Contact:** \_\_\_\_\_  
**Billing Contact:** \_\_\_\_\_  
401 W Michigan Ave  
Jackson, MI 49201

**Billing Type:** Cash  
**Billing Calendar:** Calendar  
**Billing Cycle:** EOM/EOC  
**Agency Commission:** 0%

**Advertiser**  
**Name:** Office of Congressman Tim Walberg  
**Demographic:** A25-54  
**Product Codes:** Federal Government  
**Revenue Code 1:** DIR  
**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
05/01/24	05/19/24	42	\$420.00	\$420.00

**Totals**

Month	# Spots	Gross Amount	Net Amount	Rating
May 2024	42	\$420.00	\$420.00	0.00
<b>Totals</b>	<b>42</b>	<b>\$420.00</b>	<b>\$420.00</b>	<b>0.00</b>

**Account Executives**

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Mary Sliwinski	L-TOL	Local	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	WMIM	05/13/24	05/17/24	M-F Prime M-F	CM	6a-7p	66666--	1:00	30	\$12.00	P-60	0.00	NM	30	\$360.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 05/13/24	05/19/24	66666--		30		\$12.00		0.00					
N 2	WMIM	05/18/24	05/19/24	Sa-Su Prime Sa-Su	CM	6a-7p	-----66	1:00	12	\$5.00	P-60	0.00	NM	12	\$60.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>		<u>Rate</u>		<u>Rating</u>					
		Week: 05/13/24	05/19/24	-----66		12		\$5.00		0.00					
													<b>Totals</b>	<b>42</b>	<b>\$420.00</b>

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tim Walberg, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE   
 STATE OR LOCAL CANDIDATE

*Franking Order*

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Tim Walberg

Authorized committee: Tim Walberg Franking

Agency requesting time (and contact information):

N/A Office of Congressman Tim Walberg

Candidate's political party: Republican

Office sought (no acronyms or abbreviations):

N/A

Date of election:

N/A

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): N/A

the candidate listed above who is a legally qualified candidate, or

the authorized committee of the legally qualified candidate listed above;

*Franking Order*

(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: *\* Client refused to sign NAB form due to Franking Order.*  
 Name:  
 Date of Request to Purchase Ad Time:

Signature: *Heather Klingensmith*  
 Name: *Heather Klingensmith*  
 Date of Station Agreement to Sell Time: *4/26/24*

**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 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:

\* Client refused to sign NAB form due to franking order.

Name:

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 #: 1285531	Station Call Letters: Wmim	Date Received/Requested: 4/26/2024
Est. #:	Station Location: Toledo / Monroe	Run Start and End Dates: 5/13/24 - 5/19/24

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.

\* Client refused to sign NAB form due to franking.