





Order #1265639: Office of ../Office of ../Monroe Ser../

|    | Date | Action | Line | Comment | By | Total \$ | # Spots | Expected GRF |
|--|----------------------|--------------------|------|--|-------------|----------|---------|--------------|
|  | 03/20/24 3:52:23 PM | Processed | | <async process> | Toby Coop | \$420.00 | 42 | 0.00 |
| | 03/20/24 1:23:44 PM | Approved | | | Deb Calev | \$420.00 | 42 | 0.00 |
| | 03/20/24 1:23:38 PM | Approval Workflow | | [Centralized AR - Business Office Approval Needed Default] | Deb Calev | \$420.00 | 42 | 0.00 |
| | 03/20/24 1:19:42 PM | Approval Workflow | | [Sales Manager - Ready Default] | Dana DiMc | \$420.00 | 42 | 0.00 |
| | 03/20/24 12:09:54 PM | Ready for approval | | NAB ATTACHED | Mary Sliwii | \$420.00 | 42 | 0.00 |
| | 03/20/24 11:22:50 AM | Unapproved | | needs a nab with new info on it | Deb Calev | \$420.00 | 42 | 0.00 |
| | 03/20/24 11:21:34 AM | Approval Workflow | | [Sales Manager - Ready Default] | Heather KI | \$420.00 | 42 | 0.00 |
| | 03/20/24 11:19:11 AM | Ready for approval | | NEW ORDER | Mary Sliwii | \$420.00 | 42 | 0.00 |
| | 03/20/24 10:47:47 AM | New order created | | Copied from Order #1246631 | Mary Sliwii | \$300.00 | 30 | 0.00 |

[Sorted by: Date]

ORDER

Orders
Order / Rev: 1265639
 Alt Order #: _____
Product Desc: Monroe Service Academy Fair
 Estimate: _____
Flight Dates: 03/29/24 - 04/04/24
Original Date / Rev: 03/20/24 / 03/20/24
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: NEW- LOCAL DIRECT
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 |
|------------|----------|---------|--------------|------------|
| 03/01/24 | 03/31/24 | 18 | \$132.00 | \$132.00 |
| 04/01/24 | 04/04/24 | 24 | \$288.00 | \$288.00 |

Totals

| Month | # Spots | Gross Amount | Net Amount | Rating |
|---------------|-----------|-----------------|-----------------|-------------|
| March 2024 | 18 | \$132.00 | \$132.00 | 0.00 |
| April 2024 | 24 | \$288.00 | \$288.00 | 0.00 |
| Totals | 42 | \$420.00 | \$420.00 | 0.00 |

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 | 03/29/24 | 04/04/24 | 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: 03/25/24 | 03/31/24 | ----6-- | | 6 | | | | \$12.00 | | 0.00 | | | |
| | | Week: 04/01/24 | 04/07/24 | 6666--- | | 24 | | | | \$12.00 | | 0.00 | | | |
| N 2 | WMIM | 03/30/24 | 03/31/24 | 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: 03/25/24 | 03/31/24 | -----66 | | 12 | | | | \$5.00 | | 0.00 | | | |
| Totals | | | | | | | | | | | | | 42 | \$420.00 | |

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: <u>* client refused to sign NAB form due to Franking order.</u> Name: <u>Franking order.</u> Date of Request to Purchase Ad Time: | Signature: <u>Heather Klingensmith</u> Name: <u>Heather Klingensmith</u> Date of Station Agreement to Sell Time: <u>3/20/24</u> |

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

Name:

due to Franking order.

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 #: 1265639 | Station Call Letters: Wmim | Date Received/Requested: 3/20/2024 |
| Est. #: | Station Location: Toledo/Monroe | Run Start and End Dates: 3/29/24 - 4/4/24 |

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.