

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Greta Kemp Martin, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

WDYO

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Greta Kemp Martin

Authorized committee:

Greta Martin for Attorney General

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democrat

Office sought (no acronyms or abbreviations):

Attorney General

Date of election:

November 7, 2023

General

Primary

Treasurer of candidate's authorized committee:

Drew Martin

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:

*Greta Martin*

Name: Greta Kemp Martin

Date of Request to Purchase Ad Time: 10/10/2023

**Station Representative**

Signature:

*Beth Ballard*

Name:

*Beth Ballard*

Date of Station Agreement to Sell Time:

*10-10-23*

**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:

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?

Yes

No

Date ad received:

10-11-23

spot healthcare decisions

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:

WDXC

Date Received/Requested:

10-10-23

Est. #:

Station Location:

Brookhaven MS

Run Start and End Dates:

10-30 thru 11-7-23

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.

**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:

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: 10-11-23

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

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:<br><u>WDXO</u>          | Date Received/Requested:<br><u>10-10-23</u>      |
| Est. #:     | Station Location:<br><u>Drood/Cherokee MS</u> | Run Start and End Dates:<br><u>10-30-11-7-23</u> |

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**Candidate/Authorized Committee/Agency**

Signature:

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: 10-11-23

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

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:<br><u>WDXO</u>      | Date Received/Requested:<br><u>10-10-23</u>           |
| Est. #:     | Station Location:<br><u>Providence RI</u> | Run Start and End Dates:<br><u>10-30 thru 11-7-23</u> |

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.

SuperTalk MS Media  
 110 W. Monticello Street  
 Brookhaven, Mississippi 39601  
 Phone: (601) 835-5005

Advertiser: GRETA KEMP MARTIN MS ATTY GEN  
 Order #: 2877628112025  
 Date Entered: 10/10/2023  
 Last Modified: 10/10/2023  
 Product: Greta for AG WDXO  
 Salesperson: Beth Ballard  
 Billing Cycle: Calendar Month  
 Estimate #:

GRETA KEMP MARTIN MS ATTY GEN  
 Attention: WILL ADAMS  
 P O BOX 16204  
 JACKSON, MS 39236

Order Date Range: 10/30/2023 through 11/07/2023 (2 weeks)  
 Media Outlets: WDXO-FM

**On-Air Schedule**

| # | Dates             | Station | Time/Program    | Len | Mo | Tu | We | Th | Fr | Sa | Su | S/W | Rate | Qty | Total  |
|---|-------------------|---------|-----------------|-----|----|----|----|----|----|----|----|-----|------|-----|--------|
| 1 | 10/30/23-11/05/23 | WDXO-FM | 06:00AM-10:00AM | 30  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 21  | 5.00 | 21  | 105.00 |
| 2 | 11/06/23-11/07/23 | WDXO-FM | 06:00AM-10:00AM | 30  | 3  | 3  | -- | -- | -- | -- | -- | 6   | 5.00 | 6   | 30.00  |

**Station Totals**

| Station       | On-Air Count | Digital Count | Web Count | Other Count | Gross Billing   | Net Billing     |
|---------------|--------------|---------------|-----------|-------------|-----------------|-----------------|
| WDXO-FM       | 27           | 0             | 0         | 0           | \$135.00        | \$135.00        |
| <b>Totals</b> | <b>27</b>    | <b>0</b>      | <b>0</b>  | <b>0</b>    | <b>\$135.00</b> | <b>\$135.00</b> |

Total Charges: \$135.00  
 Total Net: \$135.00

**Projected Billing By Calendar Month**

| Month         | Year | Gross Billing   | Net Billing     |
|---------------|------|-----------------|-----------------|
| October       | 2023 | \$30.00         | \$30.00         |
| November      | 2023 | \$105.00        | \$105.00        |
| <b>Totals</b> |      | <b>\$135.00</b> | <b>\$135.00</b> |

Accepted for SuperTalk MS Media

Accepted for advertiser OR agency as agent for the advertiser

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_