

Order #1039231: DelaCruz/R../DelaCruz/R../general/

Date	Action	Line	Comment	By	Total \$	# Spots	Expected GRF
11/06/23 11:49:19 AM	Cash in Advance Rerr		[cleared cash in adv] Proof of payment provided via ticket # 635773 - CK 1054 \$868.00 Paid in full - A	Angela Sir	\$240.00	12	0.00
11/06/23 11:46:40 AM	Processed		<async process>	Sundreaur	\$240.00	12	0.00
11/06/23 11:38:19 AM	Approved			Angela Sir	\$240.00	12	0.00
11/06/23 11:38:17 AM	Approval Workflow		[Centralized AR - Business Office Approval Needed Default]	Angela Sir	\$240.00	12	0.00
11/06/23 11:36:46 AM	Approval Workflow		[Sales Manager - Ready Default]	Cheryl Sal	\$240.00	12	0.00
11/06/23 11:36:42 AM	Ready for approval		p code	Cheryl Sal	\$240.00	12	0.00
11/06/23 11:28:27 AM	Ready for approval		ready	Pat Talkin	\$240.00	12	0.00
11/03/23 12:11:39 PM	New order created		<new order>	Pat Talkin	\$0.00	0	0.00

[Sorted by: Date]

ORDER

Orders
Order / Rev: 1039231
Alt Order #:
Product Desc: general
Estimate:
Flight Dates: 11/07/23 - 11/07/23
Original Date / Rev: 11/03/23 / 11/06/23
Order Type: GENERAL

WQSM-FM
Primary AE: Pat Talkington
Sales Office: L-FNC
Sales Region: Local

Agency Name: DelaCruz/R/Mayor
Buying Contact:
Billing Contact: Efraim DelaCruz
 240 Summertime Rd
 Fayetteville, NC 28303

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

Advertiser Name: DelaCruz/R/Mayor
Demographic: A25-54
Product Codes: Candidates
Revenue Code 1: DIR
Revenue Code 2: POL-CAND
Revenue Code 3: POL-LR
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
11/01/23	11/07/23	12	\$240.00	\$240.00

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
November 2023	12	\$240.00	\$240.00	0.00
Totals	12	\$240.00	\$240.00	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Pat Talkington	L-FNC	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	WQSM	11/07/23	11/07/23	M-F AM Drive M-F	CM	6a-10a	-4-----	:30	4	\$20.00	P-80	0.00	NM	4	\$80.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
		Week: 11/06/23	11/12/23	-4-----		4				\$20.00		0.00			
N 2	WQSM	11/07/23	11/07/23	M-F Midday M-F	CM	10a-3p	-4-----	:30	4	\$20.00	P-80	0.00	NM	4	\$80.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
		Week: 11/06/23	11/12/23	-4-----		4				\$20.00		0.00			
N 3	WQSM	11/07/23	11/07/23	M-F PM Drive M-F	CM	3p-7p	-4-----	:30	4	\$20.00	P-80	0.00	NM	4	\$80.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
		Week: 11/06/23	11/12/23	-4-----		4				\$20.00		0.00			
													Totals	12	\$240.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Efrain de la Cruz, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:
Efrain (Freddie) de la Cruz

Authorized committee:
Freddie for Mayor Committee

Agency requesting time (and contact information):

N/A

Candidate's political party:
Republican

Office sought (no acronyms or abbreviations):
Mayor

Date of election: ~~11/7/23~~ 11/7/23 General Primary

Treasurer of candidate's authorized committee:
Efrain de la Cruz

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

Station Representative

Signature:

Signature:

Name: Efrain de la Cruz

Name: Cheryl Salomone

Date of Request to Purchase Ad Time: 11/3/23

Date of Station Agreement to Sell Time: 11/6/23

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: 11/6/23

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 #: <u>1039231</u>	Station Call Letters: <u>WB5M</u>	Date Received/Requested: <u>11/6/23</u>
Est. #:	Station Location: <u>Fayetteville</u>	Run Start and End Dates: <u>11/7/23 - 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.