

**AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISING**  
STATE/LOCAL CANDIDATES

Cathy Dailey, a legally qualified candidate for  
(Candidate Name)  
the office of: Parlersburg City Council, hereby requests broadcast time for  
the  Primary;  Special;  General Election to be held: (date) May 14th

on the dates, times and stations as shown by the attached schedule(s). I represent that the payment for the above described broadcast time charges has been furnished by:

Cathy Dailey  
(Committee/Organization Name)  
and that the station is authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee or organization of the legally qualified candidate. The name of the treasurer of the candidate's authorized committee is:

None

Address: 55 Meadowcrest Dr. Parlersburg, WV 26104  
(Of Candidate, Campaign Office or of Campaign Treasurer--for purpose of any required notice)

This station has disclosed to me its political advertising policies including applicable classes and rate; and discount, promotional and other sales practices. **Except as otherwise controlled by the Federal laws applicable to political advertising, this station, by FCC regulation, is not allowed to discriminate in the sale of advertising time on the basis of race or ethnicity.**

**Total Charges:** \$ 720

Approved:

[Signature], (Date) 4/4/24

Candidate: ; Authorized Committee Representative:

[Signature], (Date) 4/4/24

For Seven Ranges Radio/WRRR/WVVV/WXCR

Seven Ranges Radio, Inc.  
WRRR-FM/WXCR-FM/WVVV-FM

**BROADCAST TIME ORDER SHEET**

ORDER# \_\_\_\_\_

93R  WXCR-FM  V96.9

**BILLING INFORMATION**

CANCEL BEFORE START:  REVISION:

Date: 4/11/24  
Name: [Signature]

Advertiser: Kelly Daily for Parkersburg City  
Contact: \_\_\_\_\_  
Address: 55 Meadowcrest Dr  
Pburg wa 26101  
Phone: \_\_\_\_\_

Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

Cash:   
Trade:   
PSA:   
Political:

Purchase Order# \_\_\_\_\_ Billing Cycle: \_\_\_\_\_ Affidavit:  Co-Op:  Script: \_\_\_\_\_ Client Confirmation:  Non Broadcast Invoice:   
Estimate# \_\_\_\_\_

**ORDER INFORMATION**

START: 4/5  
END: 5/14

Statement Description: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

Date			Time		Spot Schedule							Unite Rate			
Start	Stop	Length	Start	Stop	M	T	W	T	F	SA	SU	93.9	92.3	96.9	ANN/Wk
<u>4/5</u>	<u>5/14</u>	<u>15</u>	<u>6</u>	<u>7P</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>				<u>830</u>

93R Total Spots: \_\_\_\_\_ Total Monthly: \_\_\_\_\_  
WXCR-FM Total Spots: \_\_\_\_\_ Total Monthly: \_\_\_\_\_  
V9.69 Total Spots: \_\_\_\_\_ Total Monthly: \_\_\_\_\_

THIS STATION DOES NOT DISCRIMINATE ON THE BASIS OF RACE OR ETHNICITY

Total Contract: \$ 360