



WTNJ-FM
 Southern Communications Corporation
 306 South Kanawha
 Beckley, WV 25801
 (304) 253-7000

WTNJ-FM Order Confirmation

OrderID: 3101-005
 Sponsor: P-Ron Hedrick
 Product: P-Ron Hedrick
 Estimate/PO:
 AccountRep: Sassak, Jim
 BillingCycle: End-of-Schedule
 InvoiceType: Detail
 Run Dates: 5/6/2022 - 5/9/2022
 Items Ordered: 20
 Ordered Amount: \$240.00

RON HEDRICK
 303 MAPLEWOOD LANE
 BEAVER, WV 25813

Scheduled Station(s): WTNJ-FM

Printed 8/9/2022 4:27:58 PM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Descripti	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 5/6/2022 - 5/9/2022	All Weeks	06:00 AM - 10:00 AM					6	7		13	:30	Spot		P3101-002 T	13	12.00	156.00
02 5/6/2022 - 5/9/2022	All Weeks	10:00 AM - 03:00 PM	7							7	:30	Spot		P3101-002 T	7	12.00	84.00

End-of-Schedule Projected Billing:

Apr-22	0.00	May-22	240.00	Jun-22	0.00	Q2-2022	240.00
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Confirmed Correct; Payment Guaranteed

Accepted for WTNJ-FM

Southern Communications Corporation

Spot Broadcast Order Form

(Last Update: Wednesday, February 02, 2022)

[SPORTS]

Select and Station or Stations for this order. NOTE: Except for RATE, the orders **MUST BE IDENTICAL!**

Company Name: Row Hedrick Agency if any: _____
 Billing Address: _____
 State, City Zip: (IN SYSTEM)
 A/P Email: _____
 Sales Contact Name: _____
 Sales Contact Email: _____

- WAXS-FM Rate \$ _____
- WCIR-FM Rate: \$ _____
- WBKW Rate: \$ _____
- WTNJ-FM Rate: \$ 12.00
- WWNR-AM Rate: \$ _____
- NTR-Digital Rate \$ _____
- NTR-Women's Expo \$ _____

*Order Start Date 5-6-22 M Tu W Th **F** Sa Su
 *Order End Date 5-9-22 **M** Tu W Th **F** Sa Su

*Total # Spots this order: _____ *Total Dollars this order: \$ 240.00

Campaign Description, if applicable: _____
 Co-Op Product(s) advertised, if applicable: _____

*Revenue Type: C - Cash T - Trade
 Separation: _____ Minutes between airings if other than 60.
 *Account Rep: # 22

PD to Full
5-3-22

*Billing Cycle: Broadcast/Media Month End of Schedule
 Calendar Month Weekly

[INVOICE]

Purchase Order / Estimate #: _____

If Customer Name is PSA or Station Promo or Commercial Promo, list the sponsor/description here: _____

*Billing Basis: One

Per Spot This is the ONLY option for Co-Op orders. Per SPOT Rates must be entered above.

Level (monthly) Package: \$ Amount: _____ each month

Variable Package (Not to exceed 12-months, but can include partial months at beginning and end of schedule):

\$ _____	Jan	\$ _____	Feb	\$ _____	Mar	\$ _____	Apr
\$ _____	May	\$ _____	Jun	\$ _____	Jul	\$ _____	Aug
\$ _____	Sep	\$ _____	Oct	\$ _____	Nov	\$ _____	Dec

[SCHEDULE]

Dates		Times		Unit	DAYS							Total	Rate	Total
Start	End	Start	End	Length	MON	TUE	WED	THU	FRI	SAT	SUN	Spots		
<u>5-6</u>	<u>5-7</u>	<u>6am</u>	<u>10am</u>	<u>30</u>					<u>6</u>	<u>12</u>		<u>13</u>	<u>12</u>	<u>156</u>
		<u>12pm</u>	<u>3pm</u>	<u>30</u>	<u>17</u>							<u>7</u>	<u>12</u>	<u>84</u>

Salesperson: [Signature] Date: 5/13/22 Sales Manager: [Signature] Date: 5/13/22



WAXS-FM
 Southern Communications Corporation
 306 South Kanawha
 Beckley, WV 25801
 (304) 253-7000

WAXS-FM Order Confirmation

OrderID: 3101-006

Sponsor: P-Ron Hedrick
 Product: P-Ron Hedrick
 Estimate/PO:
 AccountRep: Sassak, Jim
 BillingCycle: End-of-Schedule
 InvoiceType: Detail
 Run Dates: 5/6/2022 - 5/9/2022
 Items Ordered: 15
 Ordered Amount: \$225.00

RON HEDRICK
 303 MAPLEWOOD LANE
 BEAVER, WV 25813

Scheduled Station(s): WAXS-FM

Printed 8/9/2022 4:28:18 PM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Descripti	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 5/6/2022 - 5/9/2022	All Weeks	06:00 AM - 10:00 AM					5	5		10	:30	Spot		P3101-002 T	10	15.00	150.00
02 5/6/2022 - 5/9/2022	All Weeks	10:00 AM - 03:00 PM	5							5	:30	Spot		P3101-002 T	5	15.00	75.00

End-of-Schedule Projected Billing:

Apr-22	0.00	May-22	225.00	Jun-22	0.00	Q2-2022	225.00
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Confirmed Correct; Payment Guaranteed


 Accepted for WAXS-FM

Southern Communications Corporation

Spot Broadcast Order Form

(Last Update: Wednesday, February 02, 2022)

[SPORTS]

Select and Station or Stations for this order. NOTE: Except for RATE, the orders **MUST BE IDENTICAL!**

Company Name: ROD HEDRYCK Agency if any: _____

Billing Address: 303 MAPLEWOODS WAY

State, City Zip: BEAVER, WV 25813

A/P Email: _____

Sales Contact Name: _____

Sales Contact Email: _____

- WAXS-FM** Rate \$ 15.00
- WCIR-FM** Rate: \$ _____
- WBKW** Rate: \$ _____
- WTNJ-FM** Rate: \$ _____
- WWNR-AM** Rate: \$ _____

- NTR-Digital Rate** \$ _____
- NTR-Women's Expo** \$ _____

*Order Start Date 5-6-22 M Tu W Th F Sa Su
 *Order End Date 5-9-22 M Tu W Th F Sa Su

*Total # Spots this order: _____ *Total Dollars this order: \$ 225.00

Campaign Description, if applicable: _____

Co-Op Product(s) advertised, if applicable: _____

*Revenue Type: C - Cash T - Trade

Separation: _____ Minutes between airings if other than 60.

*Account Rep: # 22

[INVOICE]

*Billing Cycle: Broadcast/Media Month End of Schedule
 Calendar Month Weekly

PD in FULL
5-3-22

Purchase Order / Estimate #: _____

If Customer Name is **PSA** or **Station Promo** or **Commercial Promo**, list the sponsor/description here: _____

*Billing Basis: (One)

- Per Spot This is the ONLY option for Co-Op orders. Per SPOT Rates must be entered above.
- Level (monthly) Package: \$ Amount: _____ each month
- Variable Package (Not to exceed 12-months, but can include partial months at beginning and end of schedule):

\$ _____	Jan	\$ _____	Feb	\$ _____	Mar	\$ _____	Apr
\$ _____	May	\$ _____	Jun	\$ _____	Jul	\$ _____	Aug
\$ _____	Sep	\$ _____	Oct	\$ _____	Nov	\$ _____	Dec

[SCHEDULE]

Dates		Times		Unit	DAYS							Total	Rate	Total
Start	End	Start	End	Length	MON	TUE	WED	THU	FRI	SAT	SUN	Spots		
<u>5-6</u>	<u>5-9</u>	<u>6AM</u>	<u>10AM</u>	<u>30</u>						<u>5</u>	<u>5</u>	<u>10</u>	<u>15</u>	<u>150.00</u>
		<u>10AM</u>	<u>3pm</u>	<u>30</u>	<u>5</u>							<u>5</u>	<u>15</u>	<u>75.00</u>
<u>5-9</u>	<u>5-9</u>	<u>6AM</u>												

Salesperson: [Signature] Date: 5/3/22 Sales Manager: [Signature] Date: 5/3/22

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location: WAXS-FM AND WJNF-FM	Date: 9-3-22
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I, ROD HEDNICK
do hereby request station time concerning the following issue:

HOUSE OF DELEGATES - 45TH DISTRICT
REPUBLICAN

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
:30	See attached				

Total Charges: \$ 465.00

This broadcast time will be used by: CANDIDATE

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"

Yes
 No

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

HOUSE OF DELEGATES - 45TH DISTRICT (R)

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

[Empty box for payment provider information]

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

a corporation; a committee; an association; or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.

TO BE SIGNED BY ISSUE ADVERTISER

5-3-22 Date [Signature] Signature 304-228-6939 Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

Accepted Accepted in Part Rejected

[Signature] Signature Beth Page Printed Name Manager Title

AGREED UPON SCHEDULE

For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
See attached					

Total Charges:

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.