



Date: 10/10/23

New Modify

Advertiser: Election Jonathan White
 Agency: _____
 Address: 123 W. Main St
Austin IN 47102
 Phone: (812) 752-9080

Special Instructions:
Political Campaign

Service Charge? Yes No

Client No.:	<u>Jonathan L. White</u>	Start Date:	<u>10/25/23</u>
1) Order No.:		End Date:	<u>11/7/23</u>
2) Ann. Type:		9) Cart No.:	<u>2102</u>
3) Product:		10) Length:	<u>30</u>
4) Salesperson:	<u>Paul Jones</u>	11) Discount %:	
5) Invoice Type:	AFFIDAVIT: Y N SCRIPT: Y N	12) Priority:	
6) Actg. Group:		13) Spon. Rest:	
7) Announcement Name (as logged):		14) Billing Cycle:	<input type="checkbox"/> Brdcast <input type="checkbox"/> Calendar

15) Scheduling Records:

	DATE		TIME		DAYS							Rate	Week	Freq	Pkg
	Start	End	Start	End	Mo	Tu	We	Th	Fr	Sa	Su				
1	<u>10/25/23</u>	<u>11/6/23</u>	<u>0600</u>	<u>1900</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>			<u>\$10,00</u>			
2	<u>11/7/23</u>	<u>11/7/23</u>	<u>0600</u>	<u>1600</u>		<u>4</u>						<u>\$10,00</u>			
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

Totals: Units: 40 Gross: _____ Net: \$400.00

Accepted for Station: Paul Jones Accepted for Advertiser: Jonathan White
 By: _____ By: _____
 Title: _____ Title: _____

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.
 I, Jonathan L White, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Jonathan L White

Authorized committee:

Friends of Jonathan L White

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

General

Primary

Treasurer of candidate's authorized committee:

Jonathan L White

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: <u>Jonathan L White</u>	Signature: <u>Paul Jones</u>
Name: <u>Jonathan L White</u>	Name: <u>Paul Jones</u>
Date of Request to Purchase Ad Time: <u>10.10.23</u>	Date of Station Agreement to Sell Time: <u>10/10/23</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:

Name:

Date:

TO BE COMPLETED BY STATION ONLY

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

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 #:	Station Call Letters: <u>WMP I</u>	Date Received/Requested: <u>10/10/23</u>
Est. #:	Station Location: <u>Scottsburg IN</u>	Run Start and End Dates: <u>10/25/23 - 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.

Confirmation



WMPI-FM
 PO BOX 270
 SCOTTSBURG IN 47170
 812-752-3688

Contract # 6968
 Date Entered 10/10/2023
 Sales Person Paul Jones
 Agency % 0.00
 Billing Cycle Calendar
 Conflict 1 POLITICAL
 Contract

ELECTION JONATHAN WHITE
 ATTN JONATHAN WHITE
 123 W MAIN ST
 AUSTIN IN 47102

Station	Date Range	Time Range	Len	Schedule	Repeated	Comment	Rate	Qty	Total
1	WMPI-FM	10/25/2023-11/06/2023	6:00a-7:00p	00:30	4,4,4,4,4,0,0	All Weeks	10.00	36	360.00
2	WMPI-FM	11/07/2023-11/07/2023	6:00a-4:00p	00:30	0,4,0,0,0,0,0	All Weeks	10.00	4	40.00
Total									400.00

Projected Billing	Count	Gross	Net
	0	0.00	0.00