

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, ALLEN R WATERS, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

ALLEN WATERS

Authorized committee:

THE WATERS COMMITTEE

Agency requesting time (and contact information):

N/A

Candidate's political party:

REPUBLICAN

Office sought (no acronyms or abbreviations):

CONGRESS

Date of election:

11/08/2022

General

Primary

Treasurer of candidate's authorized committee:

SHAUN WATERS

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.

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:

Allen R Waters

Signature:

Name:

ALLEN R WATERS

Name:

Date of Request to Purchase Ad Time:

9/30/22

Date of Station Agreement to Sell Time:

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: *Allen R Waters*

Name: *ALLEN R WATERS*

Date: *9/30/2022*

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: _____

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 (optional): _____

*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:	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates:

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.

Jane Roggero

From: Allen Waters [allen.waters@allenwaters.com]
Sent: Friday, September 30, 2022 1:28 AM
To: Jane Roggero
Subject: Re: FCC Candidate form - WADK requirement - Attached
Attachments: Waters for Congress - WADK Candidate Advertisement Agreement Form.pdf

Jane,

Attached is the Candidate Advertisement Agreement Form that you requested.

Allen

Allen R. Waters
67 Woodman Street
Providence, RI 02907
Ward 11 - Upper South Providence & West End
H: 401-521-5277
C: 401-200-5124

The Waters Committee
Post Office Box 40565
Providence, RI 02940

Web: www.allenrwaters.com

On Wed, Sep 28, 2022 at 2:39 PM Jane Roggero <jroggero@3gbroadcasting.com> wrote:
Hello Allen,

I hope you enjoyed your time walking this morning. I am looking forward to getting outside now!

The attached is the required FCC candidate form that I must upload to our political file along with your order confirmation. Please sign and return to me as soon as possible so this task can be completed.

Your order starts tomorrow. Good Luck.

Thank you,
Jane B. Roggero
Business / Operations Manager
On-Air Personality
3G Broadcasting
1540AM WADK 101.1FM / MIXX 99.3FM
23 JT Connell Highway
Newport, RI 02840
401-846-1540

401-862-1428 (cell)

-----Original Message-----

From: info@3gbroadcasting.com [mailto:info@3gbroadcasting.com]

Sent: Wednesday, September 28, 2022 2:06 PM

To: JANE

Subject: Message from "RNP002673FA596A"

This E-mail was sent from "RNP002673FA596A" (MP C307).

Scan Date: 09.28.2022 14:05:44 (-0400)

Queries to: info@3gbroadcasting.com

WADK-AM
 23 JT CONNELL HWY
 NEWPORT, RI 02840
 401-846-1540

Order #: 4308-00003
 Description: 2022
 Date Entered: 9/28/2022
 P.O.#:
 Salesperson: Newbury, Bruce
 Invoice Frequency: Billed at end of Media Month, Sorted by Date
 Phone/Fax: 301-200-5124

THE WATERS COMMITTEE
 PO BOX 40565
 PROVIDENCE, RI 02940

On-Air Schedule

Start Date	End Date	Station	Scheduled Time/Event	Repeated	Length	Qty	Rate	Total	M	Tu	W	Th	F	Sa	Su
1. 9/29/2022	10/26/2022	WADK-AM	07:00:00a to 10:00:00a	Weekly	:30	20	10.00	200.00	1	1	1	1	1	0	0

Order Start Date: 9/29/2022 Order End Date: 10/26/2022 Spots: 20 Total Charges: \$200.00

This station has a two week cancellation policy/30 day cancellation for paid programs

This station does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, gender, national origin, or ancestry.

Projected Media Month Billing Totals for THE WATERS COMMITTEE / 4308-00003 :

		<u>Spot Count</u>	<u>Net Billing</u>
October	2022	20	\$200.00
Total:		20	\$200.00

Confirmed & Accepted for WADK-AM By:

Accepted for THE WATERS COMMITTEE By:

 Please Sign and Return One Copy

WMNP-FM
 MIXX 99.3
 23 JT CONNELL HWY
 NEWPORT, RI 02840
 401-846-1540

Order #: 4308-00004
 Description: 2022
 Date Entered: 9/29/2022
 P.O.#:
 Salesperson: Newbury, Bruce
 Invoice Frequency: Billed at end of Media Month, Sorted by Date
 Phone/Fax: 301-200-5124

THE WATERS COMMITTEE
 PO BOX 40565
 PROVIDENCE, RI 02940

On-Air Schedule

Start Date	End Date	Station	Scheduled Time/Event	Repeated	Length	Qty	Rate	Total	M	Tu	W	Th	F	Sa	Su
10/1/2022	10/28/2022	WMNP-FM	04:00:00p to 07:00:00p	Weekly	:30	20	10.00	200.00	1	1	1	1	1	0	0

Order Start Date: 10/1/2022 Order End Date: 10/28/2022 Spots: 20 Total Charges: \$200.00

This station has a two week cancellation policy/30 day cancellation for paid programs

This station does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, gender, national origin, or ancestry.

Projected Media Month Billing Totals for THE WATERS COMMITTEE / 4308-00004 :

	<u>Spot Count</u>	<u>Net Billing</u>
October 2022	20	\$200.00

Confirmed & Accepted for WMNP-FM By:

Accepted for THE WATERS COMMITTEE By:

 Please Sign and Return One Copy



New Order Revised Order New Address
 ADVERTISER NAME ADDRESS: The Veterans Committee
 AGENCY NAME ADDRESS: PROV. RI

ORDER NUMBER _____
 ORDER ENTRY DATE _____
 CUSTOMER PO # _____
 NOTARY REQUIRED PRINT TIMES
 PRODUCT CODE _____
 RECEIVABLES ACCOUNT: CE
 CASH TRADE OTHER: CE
 ORDER DESCRIPTION: 2022

SALESPERSON _____ SALESPERSON COMMISSION _____
 ORDER DISCOUNT: YES NO % _____ AGENCY DISCOUNT YES NO % _____
 INVOICE FREQUENCY: MEDIA CALENDAR WEEKLY CALENDAR OR EOS MEDIA OR EOS EOS EOS
 NON-SPOT BILLING: DAILY WEEKLY MONTHLY AMOUNT \$ _____

PRODUCTION INFORMATION
 COPY NAME _____ CART# _____ CO-OP _____

Station	Inc Acct	Rate	Start Date	End Date	Abs Time/Log Event	Len	Spot Type	Copy	M	T	W	T	F	S	A	SU	Per Wk	Total #	Total \$
WADK		10	9/29	10/26	7-10	:30	bl.	7373	1	1	1	1	1				5	20	200.00
MIXA		10	10/1	10/28	4-7	:30	bl.		1	1	1	1	1				5	20	200.00
Spot - not pending pre recorded																			

Monthly Totals
 Jan _____ Feb _____ Mar _____ Apr _____ May _____ June _____
 Jul _____ Aug _____ Sep _____ Oct _____ Nov _____ Dec _____

Special Instructions
CC payment

Order Totals
 Total Spots 46
 Total Dollars \$ 400