

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, JOHNNY CHASTAIN, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Johnny Chastain

Authorized committee:

Agency requesting time (and contact information):

☐

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

STATE SENATE

Date of election:

5/21/24

☐

General

☒

Primary

Treasurer of candidate's authorized committee:

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>Johnny Chastain</u>	Signature: <u>Bill West</u>
Name: <u>Johnny Chastain</u>	Name: <u>Bill West</u>
Date of Request to Purchase Ad Time: <u>2/23/24</u>	Date of Station Agreement to Sell Time: <u>2/23/24</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: 2/23/24**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>2322</u>	Station Call Letters: <u>WLJA-FM</u>	Date Received/Requested: <u>2/23/24</u>
Est. #: <u>—</u>	Station Location: <u>Ellijay GA</u>	Run Start and End Dates: <u>2/27/24 - 3/4/24</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.



**WLJA 101.1 FM**  
TRISTATE COMMUNICATIONS, INC.  
134 SOUTH MAIN STREET  
JASPER, GA. 30143  
(678) 454-WLJA OR (706) 276-2016

## WLJA 101.1 FM Order Confirmation

**OrderID: 2170-002**

Sponsor: JOHNNY CHASTAIN  
Product: JOHNNY CHASTAIN-POL  
Estimate/PO:  
AccountRep: BILL WEST  
BillingCycle: Calendar Month  
InvoiceType: Detail  
Run Dates: 2/27/2024 - 3/4/2024  
Items Ordered: 32  
Gross Amount: 640.00  
Discounts: 0.00  
Agency Commission: 0.00  
Net Amount: 640.00

JOHNNY CHASTAIN  
P.O. BOX 452  
BLUE RIDGE, GA 30513

### Scheduled Station(s): WLJA 101.1 FM JOHNNY CHASTAIN

Printed 2/27/2024 4:42:09 PM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 2/27/2024 - 3/4/2024	All Weeks	06:00 AM - 07:00 PM	5	4	5	5	5	5	3	32	:60	Spot		C120	32	20.00	640.00
<b>Calendar Month Projected Billing:</b>																	
Jan-24		0.00															
			Feb-24				280.00										
									Mar-24				360.00		Q1-2024		640.00

Confirmed Correct; Payment Guaranteed

Accepted for WLJA 101.1 FM