

WBBN-FM WXRR-FM WKZW-FM WXHB-FM WXRR-HD2
 BLAKENEY COMMUNICATIONS
 PO BOX 6408
 LAUREL, MS 39441 USA

Client: **BILL WALLER FOR GOVERNOR**
 Order #: **6819-00002**
 Description:
 Date Entered: 8/22/2019
 P.O.#:
 Salesperson: **BLAKENEY, DEBBIE**
 Invoice Frequency: Billed at end of EOS , Sorted by Date

MAGGIE CLARK MEDIA
 139 BENT CREEK DRIVE
 BRANDON, MS 39047 USA

On-Air Schedule

Start Date	End Date	Station	Scheduled Time/Event	Repeated	Length	Qty	Rate	Total	M	Tu	W	Th	F	Sa	Su
1 8/23/2019	8/27/2019	WBBN-FM	06:00:00a to 10:00:00a	Weekly	:30	6	24.00	144.00	2	2	0	0	2	0	0
2 8/23/2019	8/27/2019	WBBN-FM	10:00:00a to 03:00:00p	Weekly	:30	6	24.00	144.00	2	2	0	0	2	0	0
3 8/23/2019	8/27/2019	WBBN-FM	03:00:00p to 07:00:00p	Weekly	:30	6	24.00	144.00	2	2	0	0	2	0	0
4 8/23/2019	8/27/2019	WBBN-FM	03:00:00p to 07:00:00p	Weekly	:30	2	20.00	40.00	0	0	0	0	0	2	0
5 8/23/2019	8/27/2019	WBBN-FM	10:00:00a to 03:00:00p	Weekly	:30	2	20.00	40.00	0	0	0	0	0	2	0
6 8/23/2019	8/27/2019	WBBN-FM	06:00:00a to 10:00:00a	Weekly	:30	2	20.00	40.00	0	0	0	0	0	2	0

Order Start Date: 8/23/2019 Order End Date: 8/27/2019 Spots: 24

Total Charges: \$552.00
Combined Discounts: \$82.80
Total Net: \$469.20

Station does not discriminate in the sale of advertising time, and will not accept advertising which is placed with the intent to discriminate on the basis of race or ethnicity. Any provision in any order or agreement for advertising that purports to discriminate, or has the effect of discriminating, on the basis of race or ethnicity, is hereby declared null and void.

Projected End-Of-Schedule Billing Totals for BILL WALLER FOR GOVERNOR / 6819-00002 :

	<u>Spot Count</u>	<u>Gross Billing</u>	<u>Combined Disc.</u>	<u>Net Billing</u>
August 2019	12	\$0.00		\$0.00
September 2019	12	\$552.00	\$82.80	\$469.20

1479

Confirmed & Accepted for WBBN-FM WXRR-FM WKZW-FM WXHB-F

Accepted for MAGGIE CLARK MEDIA By:

Please Sign and Return One Copy



139 Bent Creek Drive / Brandon, MS 39047
Ph: (601) 992-3111 / Fax: (601) 992-4111
maggiicc@mclarkmedia.com / mc_medias@bellsouth.net

POLITICAL ADVERTISING AUTHORIZATION FOR MEDIA PLACEMENT

I, *Bill Waller*, a legally qualified *Republican* candidate for the office of *Governor of Mississippi*, in the *Run-Off* Election to be held on *Tuesday, August 27, 2019*, do hereby authorize Maggie Clark Media Services, Inc. to place media advertising in behalf of my campaign.

I acknowledge that I have been provided a copy of the "Agreement Form for Political Broadcasts (PB 18)", as revised 2013, by the National Association of Broadcasters (NAB). I represent that I have authorized the announcements to be broadcast and that my voice and/or face does appear as a voluntary act.

I represent that advance payment for the broadcast and print media schedules has been furnished by

Waller for Governor

(Please state name of committee, group, organization or corporation as published on the Campaign's Checking Account.)

- a committee
- a corporation
- an association
- other incorporated group

The Officers/Directors of such sponsor are

Eddy Waller, Chairman
Ellen Williams, Treasurer

My campaign headquarters are located at *(candidate must provide physical address):*
220 South President Street / Jackson, MS 39201

In the event that application for broadcast is accepted, I agree to abide by all provisions of the Communications Act of 1934, as amended, and rules and regulations of the Federal Communications Commission (FCC) regarding such broadcasts.

I acknowledge that I have read the attached Agreement Form for Political Broadcast and understand that it, whether accepted or rejected, will remain available for public inspection for a period of two years as required by the rules of the FCC.

Candidate

8/12/19

Date

AGREEMENT FORM FOR POLITICAL CANDIDATE BROADCASTS

(This agreement is duplicated per the NAB Form PB18 as revised August 27, 2013)

I, Maggie Clark Media Services, Inc., on behalf of the candidate published on the reverse side of this confirmation order, do hereby request time on the station or cable system also published on the reverse side of this order. The time will be used by the candidate or authorized committee, published on the reverse side of this order 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 an association; a committee; a corporation; or other incorporated group. The names and offices of the chief executive officers are furnished on the reverse side of this order, including the Treasurer. For Broadcast Station or Cable Insertion Company, location, date of order, order number, flight dates, schedule, rates and total charges; and, Candidate's name, party affiliation and office being sought, *please see the reverse side of this order.*

I agree to indemnify and hold harmless the station, or cable system, from any damages or liability, including reasonable attorney's fees, that may ensue from the performance of the broadcasts described on the reverse side of this order. For the described broadcasts I also agree to prepare a script or transcription, if requested, which will be delivered to the station before the time of the scheduled broadcasts. *(The two preceding sentences are not applicable if the candidate personally appears during the broadcast.)*

The station has disclosed to me its political advertising policies, including: applicable classes and rates; and, discounts, promotional and other sales practices (not applicable to federal candidates). *The station, or cable system, issuing this order does not discriminate or permit discrimination on the basis of race or ethnicity in the placement of advertising.*

The office sought is published on the reverse side of this order. It is federal state local.

The Election and Election Date is published on the reverse side of this order.

8/22/19


Date Order Released to Station or Cable System



Agent's Signature

This request, whether accepted or rejected, will be available for public inspection for a period of two years.

Accepted Rejected

 8-22-19

Station or Cablecast Representative & Title

POST BROADCAST

TO BE COMPLETED BY STATION OR CABLE COMPANY AFTER BROADCASTS: ACTUAL SCHEDULE RUN.

Station must provide the following information after the schedule has aired: Length of Broadcast, Exact Times, Days, Class of Time, Times per Week and Total Number of Weeks and Rates. Make goods, if any, must be indicated. The amount of rebate(s) must give exact date, time, class of broadcast and dollar amount of each rebate. A Station or Cable System Invoice may be used in lieu of the NAB Form PB18, copyrighted 2013.