

Monthly Billing Summary
2024 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
600.00

Advertiser Authorization: Station Authorization:

Total Spots: 28 Net: \$600.00 Order Total: \$600.00

Line#	Start	Stop	Station	Type	Data	Cuts	Days	Rate	Order Date	Entry Total
1.	2295603/16/24	03/16/24	WNXT-FM	WNTX-PM	8:00:00 AM - 4:00:00 AM	4	1	\$18.00	3/11/2024	\$72.00
Sales House										
K287103/08/24-03/19/24 POL. - MAR 2024(60s)]100.00%										
SPOT SUMMARY FOR ORDER LINE #22956<WNXT-FM>										
	03/16/24	03/16/24	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
	0	0	0	0	0	0	0	4	0	
	Cuts/week									4
	\$/week									\$72.00
2.	22957	03/19/24	03/19/24	WNXT-FM	DRIVE	4	1	\$22.00	3/11/2024	\$88.00
Sales House										
K287103/08/24-03/19/24 POL. - MAR 2024(60s)]100.00%										
SPOT SUMMARY FOR ORDER LINE #22957<WNXT-FM>										
	03/19/24	03/19/24	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
	0	4	0	0	0	0	0	0	0	
	Cuts/week									4
	\$/week									\$88.00
3.	22958	03/12/24	03/18/24	WNXT-FM	PRIME DRIVE	20	5	\$22.00	3/11/2024	\$440.00
Sales House										
K287103/08/24-03/19/24 POL. - MAR 2024(60s)]100.00%										
SPOT SUMMARY FOR ORDER LINE #22958<WNXT-FM>										
	03/12/24	03/15/24	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
	0	4	4	4	4	0	0	0	0	
	Cuts/week									16
	\$/week									\$352.00
	03/18/24	03/18/24								
	Cuts/week									4
	\$/week									\$88.00

GINA COLLINSWORTH
14225 U.S. HWY 52
WEST PORTSMOUTH, OH 45663

Order #16569 Confirmation
#1383 - GINA COLLINSWORTH
P.O. Box 1228
Portsmouth, OH 45662
3/11/2024 10:34:18 AM
WNXT-FM/WNXT-FM

WNXT BROADCAST ORDER

CLIENT: GINA COLLINSWORTH
AGENCY: STATE REP
ADDRESS:
CITY:
STATE:
ZIP:
PHONE:
CONTACT:
PRODUCT:
CO-OP:
ORDER BY: GINA COLLINSWORTH
SALESPERSON: HOUSE

DATE: 3/11/24
STATION: AM
PROMOTION:
CASH: TRADE
START: 3/12/24
STOP: 3/19/24
LENGTH: :15 :30 :60 :90
RATE: \$22
NO. OF UNITS: 28
TOTAL GROSS:
TOTAL NET: \$600

WK	S	M	T	W	TH	F	S
WK							
WK							
WK							
WK							

Special Instructions

JAN
FEB
MAR 600
APR
MAY
JUNE

Current Number
New Number
AM Copy Number
FM Copy Number K287

WZZZ
 P.O. Box 1228
 PORTSMOUTH, OH 45662
 Order #16570 Confirmation
 #1383 - GINA COLLINSWORTH
 3/11/2024 10:36:25 AM

GINA COLLINSWORTH
 14225 U.S. HWY 52
 WEST PORTSMOUTH, OH 45663

Line#	Start	Stop	Station	Type	Data	Cuts	Days	Rate	Order Date	Entry Total
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Sales House
 K287103/08/24-03/19/24 POL. - MAR 2024 (60s) 100.00%

Sales House
 K287103/08/24-03/19/24 POL. - MAR 2024 (60s) 100.00%

Sales House
 K287103/08/24-03/19/24 POL. - MAR 2024 (60s) 100.00%

Sales House
 K287103/08/24-03/19/24 POL. - MAR 2024 (60s) 100.00%

1.	2295903/16/24	03/16/24	WZZZ	Clock	11:00:00 AM - 5:00	4	1	\$18.00	3/11/2024	\$72.00
SPOT SUMMARY FOR ORDER LINE #22959<WZZZ> Mon Tue Wed Thu Fri Sat Sun 0 0 0 0 0 4 0 cuts/week 4 \$/week \$72.00										
2.	22960 03/19/24	03/19/24	WZZZ	Day	DRIVE	4	1	\$22.00	3/11/2024	\$88.00
SPOT SUMMARY FOR ORDER LINE #22960<WZZZ> Mon Tue Wed Thu Fri Sat Sun 0 4 0 0 0 0 0 cuts/week 4 \$/week \$88.00										
3.	22961 03/12/24	03/18/24	WZZZ	Day	PRIME DRIVE	20	5	\$22.00	3/11/2024	\$440.00
SPOT SUMMARY FOR ORDER LINE #22961<WZZZ> Mon Tue Wed Thu Fri Sat Sun 0 4 4 4 0 0 0 cuts/week 16 \$/week \$88.00										
SPOT SUMMARY FOR ORDER LINE #22961<WZZZ> 03/12/24 03/15/24 03/18/24 03/18/24										

Advertiser Authorization: _____ Station Authorization: _____

Monthly Billing Summary

2024 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

600.00

Order Total: \$600.00

Net: \$600.00

Total Spots: 28

WZZZ BROADCAST ORDER

CLIENT: GINA COLLINSBERT
 AGENCY: STATE REP
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____
 CONTACT: _____
 PRODUCT: _____
 CO-OP: _____
 ORDER BY: GINA COLLINSBERT
 SALES PERSON: HOUSE

DATE: 3/11/24
 STATION: FM
 PROMOTION: _____
 CASH: TRADE: _____
 START: 3/12/24 STOP: 3/19/24
 LENGTH: :10 :15 :30 :60 :90
 RATE: \$72
 NO. OF UNITS: 28
 TOTAL GROSS: _____
 TOTAL NET: \$600

WK	S	M	T	W	Th	F	S
WK				4-60	4-60	4-60	4-60
WK			6A-7p				11A-5p
WK			4-60	4-60	4-60	4-60	
WK			6A-7p				

Special Instructions:

JAN. _____
 FEB. _____
 MAR. #600
 APR. _____
 MAY _____
 JUNE _____
 JULY _____
 AUG. _____
 SEP. _____
 OCT. _____
 NOV. _____
 DEC. _____

Current Number _____
 New Number _____
 FM Copy Number _____

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

FEDERAL CANDIDATE
 STATE/LOCAL CANDIDATE

To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3

Date:	3-11-24
Station and Location:	WNYT-FM & W222-FM

I, Gina Collinsworth

being/on behalf of: Committee to Elect Gina Collinsworth, a legally

qualified candidate of the Republican Party political

party for the office of: State Representative District 90

in the Primary

election to be held on: March 19, 2024

do hereby request station time as follows:

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

Total Charges:	1200.00
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For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

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

and you are authorized to announce the time as paid for by such person or entity.

I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Opal Porter

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

To Be Signed By Candidate or Authorized Committee

Opal Porter 3/11/24
Signature Date

To Be Signed By Station Representative

Accepted Accepted in Part Rejected

Signature Printed Name Title

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

I, GINA COLLINSWORTH (name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

does

does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

the 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.

the television programming 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.

signature of candidate or authorized committee

Gina Collinsworth

printed name

GINA COLLINSWORTH

date

3/11/24

AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF CANDIDATE'S REQUEST)

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

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.