

WWGP 1050 COUNTRY

P. O. Drawer 3457
Sanford, North Carolina 27330
919-775-3525
fax 919-774-4503

**CANDIDATE'S INFORMATION REQUEST FORM
FOR
POLITICAL BROADCAST POLICY AND RATE INFORMATION**

DATE OF REQUEST 9/27/22

TIME OF REQUEST _____

HOW REQUEST MADE: _____ PHONE _____ FAX MAIL EMAIL

_____ IN PERSON

CANDIDATE'S NAME Del Turner

CANDIDATE'S POLITICAL PARTY Democratic

OFFICE CANDIDATE IS SEEKING District 3 Board of Education

CANDIDATE'S AUTHORIZED COMMITTEE Committee to Reelect Del Turner to District 3

COMMITTEE'S ADDRESS P O Box 71 Sanford NC - Gulf N.C.

COMMITTEE'S PHONE NUMBER 919-352-6144

NAME OF PERSON REQUESTING TIME OR INFO Del Turner

TYPE OF INFORMATION REQUESTED: (check applicable)

AVAILABILITIES OR RATES

RATE CLASSES

_____ PREEMPTION POLICY

_____ OTHER (list below)

DISPOSITION TAKEN:

ACCEPTED

_____ REJECTED (explain below)

RATES CHARGED Lowest Unit Rate - 8⁰⁰ per spot

CLASSES OF TIME PURCHASED _____

DISCLOSURE STATEMENT PROVIDED: (check one)

_____ YES

_____ NO

BCRA CERTIFICATE PROVIDED: (federal candidates only) _____

OTHER INFORMATION REQUESTED N/A

PERSON WHO PROCESSED THE INQUIRY m dm

SIGNATURE OF PERSON REQUESTING INFORMATION: _____

*Deloris Turner DATE 10/5/22

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

| | |
|--|-------------------------|
| Station and Location: WWGP Sanford, NC 27330 | Date: 10/5/22 |
|--|-------------------------|

I, Del Turner
 being/on behalf of _____ a legally
 qualified candidate of the Democratic political
 party for the office of: Board of Education District 3
 in the General
 election to be held on: 11/8/22

do hereby request station time as follows:

| Broadcast Length | Time of Day, Rotation or Package | Days | Class | Times per Week | Number of Weeks |
|------------------|----------------------------------|------|------------|---------------------------|-----------------|
| 30 Sec. | m-n-e | m-f | Drive Time | 16 17 17 | 3 |

Total Charges: ~~565.00~~ \$400

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

Political Inquiries

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

Committee to Re-elect Del Turner

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:

Del Turner

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

10/5/22
Date

Del Turner
Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

Margaret Murchison
Signature

Margaret Murchison
Printed Name

ND+SA
Title

Telephone (919) 775-3825
Fax (919) 775-4503

WWGP
AM

P.O. Drawer 3457
2201 Jefferson Davis Highway
Sanford, N.C. 27331

WFJA
FM

Production@wfjaradio.com

ORDER NO. _____

Broadcast Order

CONTRACT DATE 10-5-22

COMPANY/ADVERTISER Del Turner for Bl. of Education

ADDRESS P.O. Box 71 Sanford, NC - Gulf, NC

AGENCY _____

CO-OP _____

FIXED TIME R.O.S. PROGRAM
LENGTH: 15 30 60 COMMERCIAL P.S.A. PROMO

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----|--------|--------|---------|-----------|----------|--------|----------|
| AM | | | | | | | |
| FM | | | | | | | |
| AM | | | | | | | |
| FM | | | | | | | |
| AM | | | | | | | |
| FM | | | | | | | |
| AM | | | | | | | |
| FM | | | | | | | |
| AM | | | | | | | |
| FM | | | | | | | |

START: _____ END: 11/5/22

RATE: 8⁰⁰ per TOTAL TIMES: 50 TOTAL CONTRACT: 400

ADDITIONAL INFORMATION: _____

_____ *ps!* _____

CO-OP YES NO
AFFIDAVIT YES NO
DATES/TIMES YES NO
COPY YES NO
PRODUCT CODE _____
NUMBER _____

BY *[Signature]* CLIENT Del Turner
BY * _____

"WWGP-WFJA 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 or ethnicity. Advertiser hereby represents and warrants that it is not purchasing broadcast 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 or ethnicity."
IPC FORM # 20694A