

RadioAlabama | WAUE Marble City Media LLC P.O. Box 629 Sylacauga, AL 35150-0629 256-249-4263

SMART MEDIA GROUP LLC P.O. BOX 26067 ALEXANDRIA, VA 22313

## AU100 (WAUE) Order Confirmation OrderID: 1775-098

Orderid. 1775-096

Sponsor: Mike Rogers for Congress Product: Mike Rogers for Congress Estimate/PO: Est. #219225

Estimate/PO: Est. #219225 AccountRep: Lee Perryman BillingCycle: Calendar Month

InvoiceType: Times

Run Dates: 2/19/2024 - 2/23/2024

Items Ordered: 14
Ordered Amount: \$224.00
-Agency Commission: -\$33.60
Net Amount: \$190.40

Scheduled Station(s): AU100 (WAUE)
Mike Rogers for Congress

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	Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length Desc		all Copy ID pe	Qty	Item Cost	Total Cost
01	2/19/2024 - 2/23/2024	All Weeks	06:00 AM - 07:00 PM	2	3	3	3	3			14	:60 Spot	t	C177504	14	16.00	224.00
	Calendar Month Proje	cted Billing:															
Jan-24			0.00	Feb-24	:4			224.00			Mar-24		0.00	0.00		24	224.00
						_											
Confirmed Correct; Payment Guaranteed							Acc	epte	d								

Our stations do not discriminate in advertising contracts on the basis of race or ethnicity. and will not accept any advertising which is intended to discriminate on the basis or race or ethnicity. Advertiser hereby certifies that it is not buying broadcasting time for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, national origin, or ethnicity. GENERAL INFORMATION: Invoices will be sent on the first day of each month for the prior month or at the end of the advertising schedule. Payment is due upon receipt and is deliquent 30 days after billing; a late charge may apply on past due amounts. Advertiser warrants that it has cleared all necessary performance rights in any pre-produced ads it provides. Our FEIN: 45-3328804.

## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See <b>Order</b> for proposed schedule and charges.	See <b>Invoice</b> for actual schedule and charges.							
l,	, hereby request station time as follows:							
IDENTIFY CANDIDATE TYPE	RAL CANDIDATE E OR LOCAL CANDIDATE							
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED							
Candidate name:								
Authorized committee:								
Agency requesting time (and contact information):								
N/A								
Candidate's political party:								
Office sought (no acronyms or abbreviations):								
Date of election:	General Primary							
Treasurer of candidate's authorized committee:								
The undersigned represents that:								
(1) the payment for the broadcast time requested has been fur	nished 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 DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY							
Candidate/Committee/Agency	Station Representative							
Signature:	Signature:							
Name:	Name:							
Date of Request to Purchase Ad Time:	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: Name: Date: TO BE COMPLETED BY STATION ONLY Ad submitted to Station? Yes No Date ad received: \_ 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 #: 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.