



RADIO ADVERTISING AGREEMENT

Post Office Box 10; Walhalla, SC 29691
(864) 638-3616 (864) 638-6810
www.wgog.com

Page ___ of ___

Date: 4-14-22
 Business Name: DABY SMIPES
 Authorized Employee: _____
 Address: 202 WALHALLA ST.
WESTMINSTER, SC 29691
 Phone: _____
 FAX: _____
 Email Address: _____
 Client No: 5058
 Sales Executive: Gary Butts

Agency: _____
 Discount: _____
 Co-Op: _____

Description: POLITICAL ADS
 Start Date: 4-19-22
 End Date: 4-26-22
 Cart No: 5058
 Length: **:30**

Special Instructions: PAID \$200 CASH CANDIDATE FOR WESTMINSTER CITY COUNCIL

Advertising Schedule

| | Date | | Time | | Days | | | | | | | Rate | Memo |
|---|---------|---------|-------|-----|------|------|-----|------|-----|-----|-----|------|------|
| | Start | End | Start | End | Mon | Tues | Wed | Thur | Fri | Sat | Sun | | |
| 1 | 4-19-22 | 4-25-22 | 6 A | 7 P | 4 | 4 | 4 | 4 | 4 | 4 | | 8.00 | |
| 2 | 4-26-22 | 4-26-22 | 6 A | 5 P | | 1 | | | | | | 8.00 | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |

Add attachment page if additional Schedule space is required.

| | | | |
|------------------------|----------------------------|--------------|--------------------|
| Total Units: <u>25</u> | Cost Per Unit: <u>8.00</u> | Gross: _____ | Net: <u>200.00</u> |
|------------------------|----------------------------|--------------|--------------------|

Terms: This advertisement order represents confirmation of the agreement between Agency/Client and station. Unless otherwise agreed to by the parties, full payment is required at time of order. When credit is approved, station will bill at end of month. Payment for all ads is due as broadcast and payable no later than the tenth calendar day of the month after the ads were broadcast or the services were provided. Client agrees to pay on time without regard to actions by other parties involved on their behalf. Client agrees to pay all cost of collection (including attorney's fees) and that necessary litigation will be in a court within a jurisdiction of radio station's license. Canceling the contract requires full payment of all amounts due. Upon cancellation, payment shall include the difference between the contracted value and the rate determined by the actual number of ads broadcast. Canceling will stop broadcasting but not change the contract obligation to pay the difference between the contracted value and the rate determined by the actual number of ads broadcast for all ads broadcast prior to cancellation. A 72 hour notice is required to cancel any advertisement. (Long-term agreements require 30 day notice to cancel.)

All scripts and programs will comply with applicable local, state and federal laws and regulations. The undersigned personally guarantees, unconditionally and at all times, the payment when due and all indebtedness of Agency/Client to the station. This agreement constitutes the full and complete agreement of the parties and supersedes all prior negotiations, proposals and agreements, either oral or written, between the parties.

If checked, the terms of this agreement contains a long-term commitment or a special discounted rate package. Should Agency/Client cancel before said term expires, a regular per spot rate of _____ will be retroactively applied to Agency/Client's account. This includes any past paid invoices which are part of this agreement.

The parties to this advertising agreement affirm that nothing in this agreement, or any of the actions, benefits and obligations relating to it, discriminate in anyway on the basis of race or ethnicity.

Agreed and Accepted for Participating Business:
Daby Smipes
 Client Business Name

For Radio Station:
Gary Butts
 Sales Executive

Signature _____
4-14-22
 Date

Signature _____
4-14-22
 Date

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, DABY SNIPES, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

DABY SNIPES

Authorized committee:

Agency requesting time (and contact information):

N/A

Candidate's political party:

N/A

Office sought (no acronyms or abbreviations):

WESTMINSTER CITY COUNCIL

Date of election:

4-26-22

General

Primary

Treasurer of candidate's authorized committee:

N/A

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.

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:

Daby Snipes

Signature:

Gary Butts

Name:

Daby Snipes

Name:

GARY BUTTS

Date of Request to Purchase Ad Time:

4/14/22

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: 4-14-22

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 (optional):

*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: <u>WGOG</u> | Date Received/Requested: <u>4-14-22</u> |
| Est. #: | Station Location: <u>WALHALLA, SC</u> | Run Start and End Dates: <u>4/19 - 4/26/22</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.