

Delta Media Corporation
 KFXZ-AM 1520
 P.O. Box 159
 Carencro, La 70520
 (337) 896-1600

KFXZ-AM News Talk Order Confirmation

OrderID: 4783-004

Sponsor: Charlotte Stemmans Clavier for Carencro Mayor
 Product: Charlotte Stemmans Clavier for Carencro Mayor
 Estimate/PO:
 AccountRep: House Accounts
 BillingCycle: Calendar Month
 InvoiceType: Detail Affidavit
 Run Dates: 10/18/2022 - 11/8/2022
 Items Ordered: 15
 Ordered Amount: \$375.00

CHARLOTTE STEMMANS CLAVIER FOR
 P.O. BOX 146
 CARENCRO, LA 70520

Scheduled Station(s): KFXZ-AM News Talk Charlotte Stemmans Clavier for Carencro Mayor

Printed 10/14/2022 1:38:01 PM

Page 1

Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 10/18/2022 - 10/21/2022	All Weeks	02:00 PM - 04:00 PM		1	1	1				3	:30	Spot			3	25.00	75.00
02 10/24/2022 - 11/4/2022	All Weeks	02:00 PM - 04:00 PM	1	1	1	1				5	:30	Spot			10	25.00	250.00
03 11/7/2022 - 11/8/2022	All Weeks	02:00 PM - 04:00 PM	1	1						2	:30	Spot			2	25.00	50.00
Calendar Month Projected Billing:																	
Oct-22		225.00			Nov-22		150.00			Dec-22		0.00			Q4-2022		375.00

Confirmed Correct; Payment Guaranteed

Accepted for KFXZ-AM News Talk

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, CHARLOTTE STEMMANS CLAVIER, hereby request station time as follows:

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IDENTIFY CANDIDATE TYPE ➔ </div>	<input type="checkbox"/> FEDERAL CANDIDATE <input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE
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ALL QUESTIONS/BLOCKS MUST BE COMPLETED	
Candidate name:	Charlotte Stemmans Clavier
Authorized committee:	Charlotte Clavier Campaign
Agency requesting time (and contact information):	<input type="checkbox"/> N/A
Candidate's political party:	Republican
Office sought (no acronyms or abbreviations):	Mayor of Carenco
Date of election:	11-8-2022 <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary
Treasurer of candidate's authorized committee:	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been furnished by (check one box below):	
<input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or	
<input type="checkbox"/> 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 DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.	
Candidate/Committee/Agency	Station Representative
Signature: <u>Charlotte Clavier</u>	Signature: <u>Tom Poehler</u>
Name: <u>Charlotte Clavier</u>	Name: <u>TOM POEHLER</u>
Date of Request to Purchase Ad Time: <u>10/14/22</u>	Date of Station Agreement to Sell Time: <u>10/14/22</u>

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: 10/14/22

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 #: SEE ATTACHED	Station Call Letters: KFXZ - AM	Date Received/Requested: 10/14/22
Est. #: 2	Station Location: OPELOUSAS, LA	Run Start and End Dates: SEE ATTACHED

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.