Order #1080548: CardinalGPS/Causey/R/N../Candidate ../

Date	Action	Comment	By	Fotal \$ # Spots	
<u>U.</u>	02/15/24 2:51:05 PM Cash in Advance Removal	[cleared cash in adv] client paid	Veronica Hall (veronica.hall	\$720.00	36
ទ	02/15/24 2:07:36 PM Processed	<async process=""></async>	Sundreauna Walker (sundre	\$720.00	36
	02/15/24 2:03:01 PM Approved		Veronica Hall (veronica.hall	\$720.00	36
	02/15/24 2:02:58 PM Approval Workflow	[Centralized AR - Business Office Approval Needed Default]	Veronica Hall (veronica.hall	\$720.00	36
	02/15/24 1:45:16 PM Approval Workflow	[Sales Manager - Ready Default] Approved. Please confirm payment to clear CIA.	Eric McCart (emccart@cum	\$720.00	36
	02/15/24 1:44:16 PM Ready for approval	Added Class C Preemptible Without Notice to each line notes	Eric McCart (emccart@cum	\$720.00	36
	02/15/24 9:58:23 AM Ready for approval	New order, credit card payment received	James Reynolds (jamesreyr	\$720.00	36
	02/15/24 9:52:08 AM New order created	<new order=""></new>	James Reynolds (jamesreyr	\$0.00	0

[Sorted by: Date]

ORDER

Orders	Order / R		108054	3									
	Alt Order		·										
	Product D	lesc:	Candida	te Schedule						WAAV-AM			
	Estimate:						Deine en e				مامام		
	Flight Dat		<u>. </u>	4 - 03/05/24			Primary A			James Reyr	iolas		
	-	ate / Rev:		4 / 02/15/24			Sales Off			L-WNC			
	Order Typ	e:	GENER	AL			Sales Re	gion:		Local			
Agency	Name:		Cardina	IGPS									
	Buying Co	ontact:		•			Billing Ty	pe:		Cash		16241-01-17	
	Billing Co	ntact:	Aimee N	/Iulligan			Billing Ca	lendar:		Calendar			
			1149 Ex	ecutive Cirle			Billing Cy	cle:		EOM/EOC			
			Cary, N	27511			Agency C	Commiss	ion:	15%			
Advertiser	Name:		Causey	/R/NC Commi	ssioner of Ir	nsura							
	Demograp	ohic:	A25-54				New Bus	iness Er	ıd:				<u>.</u>
	Product C	odes:	Candida	ites		.	Advertise	r Extern	al ID:				
	Revenue	Code 1:	AGY-A\	/AIL			Agency E	xternal	ID:				
	Revenue	Code 2:	POL-CA	POL-CAND			Unit Code:		General				
	Revenue	Code 3:	POL-ST	ATE		;	Order Se	paration	:	00:15:00			
	Priority:		P-100			<u> </u>							
Bill Plan						Total	6						
Start Date	End Date	# Spots	Gross An	nount Net A	mount	Month		#	# Spots	Gross Amo		t Amount	Rating
02/01/24	02/29/24	25	\$	\$500.00	\$425.00		ary 2024		25		0.00	\$425.00	
03/01/24	03/05/24	11	4	\$220.00	\$187.00	March Totals			11 36		0.00	\$187.0	
• • • • • • • • •						Totals				¥74		4 0.200	
Account Exec		Sales Off	ice ISal	es Region	Start Date /	End Date)		Drder %]			
James Reynolds L-WNC		Loc		Start Of Ord			L	100%]				
outhoo regine													
							_						
Ln Ch	Start End		ntory Cod		< Start/End		Days	Len S		Rate Pri			Amount
N 1 WAAVA	02/20/24 02/2	3/24 M-F/ M-F	AM Drive	CM	6a-10a		-3443	:30	14	\$20.00P-50	0.00 NW	14	\$280.00
Class C	Preemptible W		e										
<u>Star</u> Week: 02/1	<u>t Date End E</u> 19/24 02/25		<u>ekdays</u> 143	Spots/Wee 1		<u>Ratir</u> 0.							
	02/27/24 03/0			CM	6a-10a		-3443	:30	14	\$20.00P-50	0.00 NM	14	\$280.00
	D	M-F	-										
	Preemptible W t Date <u>End E</u>		ekda <u>ys</u>	Spots/Wee	<u> Rate</u>	Ratir	a				-		
Week: 02/2			443	1		0.							
N 3 WAAVA	03/04/24 03/0		AM Drive	CM	6a-10a		44	:30	8	\$20.00P-50	0.00 NM	8	\$160.00
Class C	Preemptible W	M-F ithout Notic	e										
<u>Star</u>	t Date End D	Date <u>We</u>	ekdays	Spots/Wee		<u>Ratir</u>	-						
Week: 03/0	04/24 03/10	/24 44-			8 \$20.00	0.	00					<u> </u>	¢700.00
											Fotals	36	\$720.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Aimee Mulligan

___, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOG						
Candidate name:						
Mike Causey						
Authorized committee:						
Mike Causey Campaign						
Agency requesting time (and contact information):						
N/A Aimee Mulligan, CardinalGPS amulligan@cardina	algps.com					
Candidate's political party:						
Republican						
Office sought (no acronyms or abbreviations):						
North Carolina Commissioner of Insurance						
Date of election:	General 🖌 Primary					
3/5/2024						
Treasurer of candidate's authorized committee:						
Collin McMichael						
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 (not applicable to federal candidates).						
THIS STATION DOES NOT DISCRIMINATE OR PERMIT D IN THE PLACEMENT OF ADVERTISING.	ISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY					
Candidate/Committee/Agency	Station Representative					
Signature:	Signature:					
Aimee Mulligan	Ene McCart					
Name: Aimee Mulligan	Name: Eric McCart					
Date of Request to Purchase Ad Time: 02/08/24	Date of Station Agreement to Sell Time: 2/15/2024					

Federal Candidate Certification:

the OPIF.

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? X Yes Date ad received: 2/15/2024 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 X 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 #: 1080548-Causey-R-NC Commissioner of Insurance	Station Call Letters: e-WAAV	WAAV-AM	Date Received/Requested: 2/15/2024				
Est. #:	Station Location:	Leland, NC	Run Start and End Dates: 2/20/24-3/3/24				
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							

Commercials associated with this WAAV 980 AM Candidate Advertisement Agreement also airs on FM Translator (107.9FM) Call Sign W300DX - Facility ID 202676 and WGNI 102.7FM HD2 - Facility ID 8581.