

CLIENT NUMBER	CART	NEW REV.	SALESMAN	NUMBER	DATE
	5013		Kyle Newman		7/20/2023

CLIENT **Hood Strategies** AGENCY

BILLING ADDRESS **P O Box 10086 Gulfport, MS 39505** COMMISSION

CONTACT NAME **Seth Hood** EMAIL ADDRESS

TELEPHONE #

CO-OP	MANUFACTURER	PRODUCT #1	PRODUCT #2	PRODUCT #3
YES <input type="checkbox"/>				

CONFLICTS **Political candidates**

SALES TYPE

COMMERCIAL WEATHER REMOTE

INCOME TYPE LOCAL LOCAL AGENCY NATIONAL AGENCY POLITICAL TRADE PACKAGE/PROGRAM NAME **Matt Haley**

BILLING METHOD **STD BRD/INVOICE** AFFIDAVITIS START **7/24/2023** STOP **8/8/2023**

ACCOUNTING **No agency discount** TOTAL \$ **452**

DATES TO RUN	LEN.	HOURS	M	T	W	T	F	S	S	#wks	RATE	#/WK	\$/WK	\$ TOTAL
7/24 - 7/28	30	6a - 7p	5	5	5	5	5			1	5	25	125	125
7/29 - 7/30	30	10a - 7p						6	7	1	3	13	39	39
7/31 - 8/4	30	6a - 7p	6	6	6	6	8			1	5	32	160	160
8/5 - 8/6	30	10a - 7p						8	8	1	3	16	48	48
8/7 - 8/8	30	6a - 7p	8	8						1	5	16	80	80
										1	0	0	0	0
										1	0	0	0	0
										1	0	0	0	0
										1	0	0	0	0
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										1	0	0	0	0
										1	0	0	0	0
										1	0	0	0	0
										1	0	0	0	0

Jan. _____ Apr. _____ Jul. _____ Oct. _____
 Feb. _____ May _____ Aug. _____ Nov. _____
 Mar. _____ Jun. _____ Sep. _____ Dec. _____

COMMENTS **Any pricing that varies from the current rate card, is considered preemptable.**

Non-Discrimination Clause: "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 any way on the basis of race or ethnicity.

Terms - Net 30. Account balances for which payment has not been received within the month following broadcast date will be subject to a SERVICE CHARGE computed on a monthly "PERIODIC RATE" of 1 1/2% per month on the principal balance which is ANNUAL PERCENTAGE RATE of 18%. Advertiser/Agency _____ Station Representative _____

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Seth Hood, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Matt Haley

Authorized committee:

Friends to Elect Matt Haley

Agency requesting time (and contact information):

N/A Hood Strategies

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Harrison County Sheriff

Date of election:

August 8, 2023

General

Primary

Treasurer of candidate's authorized committee:

Jessica Robinson

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

Signature:

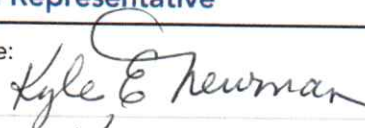


Name: Seth Hood

Date of Request to Purchase Ad Time: 7/17/23

Station Representative

Signature:



Name:

KYLE E. NEWMAN

Date of Station Agreement to Sell Time: 7-17-23

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: _____

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:
WZKY-FM, WROA

Date Received/Requested:
7-17-23

Est. #:

Station Location:
GULFPORT, MS.

Run Start and End Dates:
7/24/23 - 8/8/23

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.