## OrderID: BX Media Multi-Station Order Confirmation 1767-047

FRIENDS TO ELECT GREG MURPHY FRIENDS TO ELECT GREG MURPHY



Greenville, NC 27833 PO Box 31068 Inner Banks Media 252-355-1037

REMIT TO:

AccountRep: Estimate/PO:

Product: Sponsor:

BillingCycle: Calendar Month Political-Local

Invoice Type: Detail

Run Dates: 2/28/2024 - 3/5/2024

Ordered Amount: \$4,406.00 Items Ordered:

FRIENDS TO ELECT GREG MURPHY

Scheduled Station(s): WTIB-FM TALK 103.7 / WRHT-FM TALK 96.3 / WNCT-FM 107.9 FRIENDS TO ELECT GREG MURPHY

Printed 2/27/2024 4:08:32 PM

99299 2/28/2024 - 3/5/2024 2/28/2024 - 3/5/2024 2/28/2024 - 3/5/2024 2/28/2024 - 3/5/2024 2/28/2024 - 3/5/2024 2/28/2024 - 3/5/2024 Run Dates Calendar Month Projected Billing [Net]: Jan-24 All Weeks All Weeks All Weeks All Weeks Run Weeks 0.00 06:00 AM - 07:00 AM 09:00 AM - 12:00 PM 12:00 PM - 03:00 PM 03:00 PM - 06:00 PM 07:00 AM - 09:00 AM Run Times Feb-24 Mon Tue Wed  $N \omega \omega \omega \rightarrow$ 1,762.40 귤 F. N W W W -Sat Sun Mar-24 Week Total 10 15 15 5 Length Descripti :60 Spot Spot Spot Spot 2,643.60 Avail Copy ID Type 8134 8134 8134 8134 8134 Q1-2024 Qψ 55555 67.00 67.00 67.00 67.00 105.60 Item Cost **Total Cost** 335.00 1,005.00 1,005.00 1,005.00 4,406.00 Page 1

Confirmed Correct; Payment Guaranteed

Accepted for Multi-Stations

discriminate on the basis of race or ethnicity. Inner Banks Media Stations do not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

IDENTIFY CANDIDATE TYPE	ges. See Invoice for actual schedule and charges.  hereby request station time as follows:  EDERAL CANDIDATE  TATE OR LOCAL CANDIDATE
ALL QUESTIONS/BLO	OCKS MUST BE COMPLETED
Candidate name:	
Authorizad committee	7
I POUTOTEGO CONTINUEDE:	The state of the s
Agency requesting time (and contact information):	ct Dr. Greg Murph
N/A	
Candidate's political party:	
republican	
Office sought (no acronyms or abbreviations):	
US House	
I Date of election:	General Primary
Treasurer of candidate's authorized committee:	[CZ] Filliary
reasurer of candidate's authorized committee:	
Collin McMie	chael
The undersigned represents that:	<
(1) the payment for the broadcast time requested has been for	urnished by (check one box below):
the authorized committee of the first of the support of the suppor	andidate, or
the authorized committee of the legally qualified cance	lidate listed above;
(2) this station is authorized to announce the time as paid for (3) this station has disclosed its political saluration.	by such person or entity; and
(3) this station has disclosed its political advertising policies, in and other sales practices (not applicable to federal candida	icluding applicable classes and rates, discount, promotion
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	N .
Candidate/Committee/Agency	Station Representative
Signature: Linchy S. Robinson	Signature:
Name: Lindy 5. Robinson	Name: flanh Hinton
Date of Request to Purchase Ad Time: 3/27/24	Date of Station Agreement to Sell Time: 2/27/24

for a duration of the candidate a broadcast or if	of at least four seco approved the broa radio programmin	onds and a smultaneously displayed	d pursuant to this disclosure either (1) does not re e photograph or similar image of the candidate printed statement identifying the candidate, that the candidate's authorized committee paid for the nt by the candidate that identifies the candidate, doast.
Candidate/A	ıthorized Comm	nittee/Agency	100 - 100 -
Signature:  Name:  Date: Z	Lind Lind	S. Robinson	
		TO BE COMPLETED BY ST	ATION ONLY
Ad submitted to	Station?		d received: 2/27/24
Note: Must ha	/e separate PB-1		d (i.e., for every ad with differing copy).
:-			a strong
	te certification sign	ned (above): Yes	No N/A
Disposition:			
Accepte			
r (		d copy not yet received to determine	sponsor ID)*
[ Nejected	– provide reason:		
*Unload partially	accontact form th	an manual control of the 16 sec	
opioda parcially	accepted form, the	nen promptly upload updated final for	m when complete.
Date and nature	of follow-ups, if any	y (e.g., insufficient sponsor ID tag):	
		*1	
	7 .	Station Call Letters:	Date Received/Requested:
Contract #:			J 3
Contract #:	C1 1	K Station Wearforth & C	Run Start and End Dates: