

**WPWZ - 95.5 FM**

First Media Radio  
12714 NC HWY 97 EAST  
Rocky Mount, NC 27803  
(Phone) 252-442-8092 (Fax) 252-977-6664

**WPWZ Order Confirmation**

**OrderID: 2630-001**

Sponsor: BARBARA WILKINS  
Product: BARBARA WILKINS  
Estimate/PO:  
AccountRep: Unassigned Accounts  
BillingCycle: Calendar Month  
InvoiceType: Summary  
Run Dates: 3/1/2024 - 3/4/2024  
Items Ordered: 05  
Gross Amount: 110.00  
Discounts: 0.00  
Agency Commissio 0.00  
Net Amount: 110.00

BARBARA WILKINS

**Scheduled Station(s): WPWZ  
BARBARA WILKINS**

Printed 2/29/2024 6:55:14 PM

Run Dates	Run Weeks	Run Times	Mo	Tue	We	Thu	Fri	Sat	Sun	Week Total	Length	Descripto	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 3/1/2024 - 3/3/2024	All Weeks	10:00 AM - 03:00 PM					1	1	1	3	:60	Spot		2300	3	22.00	66.00
02 3/4/2024 - 3/4/2024	All Weeks	10:00 AM - 03:00 PM	2							2	:60	Spot		2300	2	22.00	44.00

**Calendar Month Projected Billing:**

Jan-24	0.00	Feb-24	0.00	Mar-24	110.00	Q1-2024	110.00
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Confirmed Correct; Payment Guaranteed

Accepted for WPWZ

# FIRST MEDIA SALES ORDER FORM

<b>SALES REP:</b> Sharon	<b>STATION:</b> POWER
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<input checked="" type="checkbox"/> New Order	<input type="checkbox"/> New Biz
<input type="checkbox"/> Revision	<input type="checkbox"/> Cancellation

Order # <u>cart number 2300</u>	Rev Order # _____
Date: <u>02/28/24</u>	EST _____

**CLIENT INFORMATION:**

Name: Barbara Wilkins  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: Barbara Wilkins  
 E-Mail: barwilkins@centurylink.net  
 Type of Business: \_\_\_\_\_  
 (Category) \_\_\_\_\_

<p><b>A/R Account</b></p> <input type="checkbox"/> Cash <input type="checkbox"/> Trade <p><b>Income Account</b></p> <input checked="" type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> Agency <input type="checkbox"/> NTR <input checked="" type="checkbox"/> Political <input type="checkbox"/> _____	<p><b>Billing Info</b></p> <input type="checkbox"/> Calendar <input type="checkbox"/> Broadcast <input type="checkbox"/> Gross (Agency) <input checked="" type="checkbox"/> Net <input type="checkbox"/> Affidavit <input type="checkbox"/> CIA
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**AGENCY INFORMATION:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Est #: \_\_\_\_\_ PO#: \_\_\_\_\_

<p><b>Make Good Policy</b></p> <input checked="" type="checkbox"/> None <input type="checkbox"/> With Notice <input type="checkbox"/> Without Notice <p><b>Copy Info</b></p> <p>Co-Op:</p> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <p>Script(s) Attached?</p> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p><b>Contract For</b></p> <input type="checkbox"/> Spots <input type="checkbox"/> News <input type="checkbox"/> Traffic <input type="checkbox"/> Sponsorship <input type="checkbox"/> Remote <input type="checkbox"/> Promotion <input type="checkbox"/> Talent <input type="checkbox"/> Sports <input type="checkbox"/> Non-Spot
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**Order Description/Comments:**

political order

Rate	Start Date	End Date	Start Time	End Time	Length :30/:60	M	T	W	Th	F	S	Su	Per Wk	# Wks	Total \$	Total Spots	Cart #
\$22.00	03/01/24	03/03/04	10am	3pm	60	x	x	x	x	1	1	1	3	1	\$66.00	3	
\$22.00	03/04/24	03/04/24	10am	3pm		2	x	x	x	x	x	x	2	1	\$44.00	2	
															\$110.00	5	

Total Prime Spots in Order: _____ PTGR: _____	<p><b>Non-Spot Billing</b></p> Monthly: _____ Weekly: _____ <p><b>TOTAL SPOTS IN ORDER:</b> <u>5</u></p>	<p><b>Monthly Totals</b></p> Month: _____ \$ _____ _____ <p><b>TOTAL \$ IN ORDER:</b> \$220.00                  Agency Fee: \$0.00  <b>TOTAL NET \$ IN ORDER</b> \$110.00</p>
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Approved By: \_\_\_\_\_

**Notes to Traffic:**

Client: \_\_\_\_\_

### AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

FEDERAL CANDIDATE

STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location: WPWZ POWER 95 - Pinetops	Date: 2-29-24
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\* I, Barbara Wilkins  
being/on behalf of: Barbara Wilkins  
a legally qualified candidate of the Democratic Party  
political party for the office of: Halifax County Schools Board of Education  
\* in the County of Halifax  
election to be held on: March 5, 2024  
do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Attach proposed schedule with charges (if available): Check attachment

Barbara Wilkins  
8547 Ringwood Rd  
Enfield NC  
27823

I represent that the payment for the above described broadcast time has been furnished by:

\* Barbara Wilkins

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

\* Barbara Wilkins (individual)

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional 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.**

**To Be Signed By Candidate or Authorized Committee**

2-29-2024 \* Barbara Wilkins  
Date Signature

**To Be Signed By Station Representative**

Accepted

Accepted in Part

Rejected

Sharon Mason  
Signature

Sharon Mason  
Printed Name

Account Executive  
Title



# WPWZ Invoice

**WPWZ - 95.5 FM**  
First Media Radio  
12714 NC HWY 97 EAST  
Rocky Mount, NC 27803  
(Phone) 252-442-8092 (Fax) 252-977-6664

**Invoice ID: 24030038**  
**Invoice Date: 3/5/2024**  
**Account ID: 2630**  
**Order ID: 2630-001**  
**Account Rep: Unassigned Accounts**

**Amount Due: \$0.00**

**Amount Paid: \_\_\_\_\_**

BARBARA WILKINS

WPWZ  
12714 HWY 97 EAST  
ROCKY MOUNT, NC 27803  
(P)252-442-8092 / (F)252-977-6664

Sponsor: BARBARA WILKINS  
BARBARA WILKINS

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Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/1/2024	12:20 PM	:60	Spot	2300	22.00
3/2/2024	02:20 PM	:60	Spot	2300	22.00
3/3/2024	11:20 AM	:60	Spot	2300	22.00
3/4/2024	03:20 PM	:60	Spot	2300	22.00
3/4/2024	05:37 PM	:60	Spot	2300	22.00
<b>5 Total Items</b>				<b>Total Cost:</b>	<b>110.00</b>
3/1/2024 PrePayment Applied Credit Card CC:					-110.00
<b>Amount Due:</b>					<b>0.00</b>

**Amount Due: 0.00**