

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Ruth Papazian, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Bernadette Ferrara

Authorized committee:

Ferrara for City Council

Agency requesting time (and contact information):

N/A Papazian Associates

Candidate's political party:

Democratic Party

Office sought (no acronyms or abbreviations):

City Council, New York City

Date of election:

June 22, 2021

General

Primary

Treasurer of candidate's authorized committee:

Dan Murphy

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

Station Representative

Signature:

Signature:



Name: Ruth Papazian

Name: Doug Catalanello

Date of Request to Purchase Ad Time: 6/3/2021

Date of Station Agreement to Sell Time: 6/2/2021

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 ONLYAd 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 #:
1806634Station Call Letters:
WINS-AM and WNEW-FM HD3Date Received/Requested:
6/3/2021

Est. #:

Station Location:
New York, NYRun Start and End Dates:
6/4/2021-6/7/2021

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.

ORDER

Orders
Order / Rev: 1806634
 Alt Order #: _____
Product Desc: Candidate
 Estimate: _____
Flight Dates: 06/04/21 - 06/07/21
Original Date / Rev: 06/03/21 / 06/03/21
Order Type: GENERAL

New York WINS-AM

Primary AE: Phil Locascio
Sales Office: N-NRP
Sales Region: National

Agency Name: Papazian Associates
Buying Contact: _____
Billing Contact: _____
778 Morris Park Avenue PMB 78
Bronx, NY 10462

Billing Type: Cash
Billing Calendar: Broadcast
Billing Cycle: EOM/EOC
Agency Commission: 15%

Advertiser Name: Bernadette Ferrara for City Council
Demographic: M25-54
Product Codes: Candidates
Revenue Code 1: AGY
Revenue Code 2: POL
Revenue Code 3: POL-CAND
Priority: FULL

New Business Thru: _____
Advertiser External ID: 204761
Agency External ID: 183570
Unit Code: Candidate -
Order Separation: 00:45:00

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
05/31/21	06/07/21	28	\$7,288.00	\$6,194.80

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
June 2021	28	\$7,288.00	\$6,194.80	0.00
Totals	28	\$7,288.00	\$6,194.80	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Phil Locascio	N-NRP	National	Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
N 1	WINS	06/04/21	06/07/21	M-F 6a-10a M-F 6a-10a	CM	6a-10a	3---3--	1:00	6	\$595.00	FULL	0.00	NM	6	\$3,570.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>					<u>Spots/Week</u>	<u>Rate</u>		<u>Rating</u>			
		Week: 05/31/21	06/06/21	----3--					3	\$595.00		0.00			
		Week: 06/07/21	06/13/21	3-----					3	\$595.00		0.00			
N 2	WINS	06/04/21	06/07/21	M-F 10a-3p M-F 10a-3p	CM	10a-3p	4---4--	1:00	8	\$270.00	FULL	0.00	NM	8	\$2,160.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>					<u>Spots/Week</u>	<u>Rate</u>		<u>Rating</u>			
		Week: 05/31/21	06/06/21	----4--					4	\$270.00		0.00			
		Week: 06/07/21	06/13/21	4-----					4	\$270.00		0.00			
N 3	WINS	06/05/21	06/06/21	Sa-Su 6a-10a Sa-Su 6a-10a	CM	6a-10a	-----33	1:00	6	\$97.00	FULL	0.00	NM	6	\$582.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>					<u>Spots/Week</u>	<u>Rate</u>		<u>Rating</u>			
		Week: 05/31/21	06/06/21	-----33					6	\$97.00		0.00			
N 4	WINS	06/05/21	06/06/21	Sa-Su 10a-3p Sa-Su 10a-3p	CM	10a-3p	-----44	1:00	8	\$122.00	FULL	0.00	NM	8	\$976.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>					<u>Spots/Week</u>	<u>Rate</u>		<u>Rating</u>			
		Week: 05/31/21	06/06/21	-----44					8	\$122.00		0.00			
													Totals	28	\$7,288.00