

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Richard Shaftan, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Seth Grossman

Authorized committee:

Seth Grossman for Senate

Agency requesting time (and contact information):

☐ N/A Neighborhood Research And Media

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Senate

Date of election:

6/8/2021

☐

General

☒

Primary

Treasurer of candidate's authorized committee:

Seth Grossman

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 DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency

Signature:

Richard K Shaftan

 Digitally signed by Richard K Shaftan
Date: 2020.02.28 12:49:19 -05'00'

Name: Richard k Shaftan

Date of Request to Purchase Ad Time: 5/14/2021

Station Representative

Signature:

Name:


Date of Station Agreement to Sell Time:

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:

Richard K Shافتan Digitally signed by Richard K Shافتan
Date: 2020.02.28 12:49:37 -05'00'

Name: Richard K Shافتan

Date: 10/19/2020

TO BE COMPLETED BY STATION ONLYAd submitted to Station? ☐ Yes ☐ No Date ad received: _____**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 ☐ 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 #:

Station Call Letters:

Date Received/Requested:

Est. #:

Station Location:

Run Start and End Dates:

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.

Neighborhood Research and Media
PO BOX 297
RODANTHE, NC 27968 US
252-987-0210
shaftan@earthlink.net



Purchase Order

VENDOR

WFGP
950 Tilton Road
Suite 200
Northfield, NJ 08225

SHIP TO

Neighborhood Research and
Media
PO BOX 297
RODANTHE, NC 27968 US

P.O. NO. 7946**DATE** 05/14/2021

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
60 Radio	WPGG 6A-10A 5/17-21, 24-27, 6/1-3, 6/7 (prefer 6a-9a)	28	35.00	980.00
60 Radio	WPGG 10A-3P 5/17-21, 24-27, 6/1-3, 6/7	42	15.00	630.00
60 Radio	WPGG 3P-7P 5/17-21, 24-27, 6/1-3, 6/7 (prefer 3p-6p)	28	15.00	420.00
60 Radio	WPUR 6A-10A 5/15, 22, 6/5	6	25.00	150.00
60 Radio	WPUR 6A-10A 5/16, 23, 6/6	6	20.00	120.00
60 Radio	WPUR 6A-10A 5/17-21, 24-27, 6/1-3, 6/7 (prefer 6a-9a)	28	40.00	1,120.00
Radio and Television Airtime:Agency Commission	Agency Commission	3,420	-0.15	-513.00

TOTAL**\$2,907.00**

Approved By

Date



Please return to:
wopayments1@townsquaremedia.com

CREDIT CARD PAYMENT AUTHORIZATION- Atlantic City, NJ

Townsquare Media Account Executive:

Advertiser or Business Name:

(see blue section below for multiple payments):

Approved **one-time** date to charge cc: Approved **one-time** amount to charge: \$ 2907.00

Credit Card Type: Visa

Invoice or Contract #'s to be paid :

Card Number: 4856200609936318 Exp. Date: 2/23

(on back of credit card)

CVV2/CID Code: 062

Card Holder's Name *(please print as it appears on credit card)*: Richard K Shaftan

Name: Phone #: ²⁵²⁹⁸⁷⁰²¹⁰ **Statement mailing address for credit card:** Street: PO BOX 297

State/Prov:NC

City: Zip: Rodanthe, 27968

This section is for multiple and scheduled future credit card payments ONLY. Please only enter dates
& amounts TSM is approved to charge on your credit card, **not the dates for your advertising.**

***IMPORTANT:** Any future scheduled credit card payments that fall on **weekend days** or **nationally recognized holidays** **will be run on the business day BEFORE** the scheduled day (example: Memorial Day payment will be run on the prior Friday).

Date:	Amount:	Date:	Amount:
Date: Date:	Amount: Amount:	Date: Date:	Amount: Amount:
Date:		Amount: Date: Amount:	
Date:	Amount:	Date: Amount:	
Date:	Amount:	Date:	Amount:

\$

TOTAL \$ AMOUNT OF MULTIPLE PAYMENTS AUTHORIZED ABOVE:

Customer Authorization and Signature

By signing this form below, I authorize Townsquare Media to charge my credit card as outlined above. If the company is unable to

process my payment, I will be responsible for an alternate payment arrangement and any late fees which result. By signing this authorization, I acknowledge that I have read and agree to all of the above and all information given is complete and accurate.

Cardholder's Signature* Title Date **cursive fonts cannot be used as a legal digital signature*