

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tammie Wingrove, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Scott Martin

Authorized committee:

Friends of Scott Martin

Agency requesting time (and contact information):

☐ N/A Mentzer Media Services / Tammie Wingrove 410-825-7034

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

PA State Senate District 13

Date of election:

November 3, 2020

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

Kimberly A. Rankin

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

Station Representative

Signature:

Tammie Wingrove

Signature:

William S. Baldwin Jr.

Name: Tammie Wingrove

Name:

Date of Request to Purchase Ad Time: 9/10/2020

Date of Station Agreement to Sell Time: 10/26/20

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:

10/26/20

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 #: 82289698

Station Call Letters:
WROZDate Received/Requested:
10/26/20

Est. #: 9553

Station Location:
Lancaster, PARun Start and End Dates:
10/27 to 11/3 2020

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.

Sales Order

Station: WROZ-FM Agency: KATZ MEDIA GROUP
 Contract Name: OCT26SCOTTMARTIN Address: 125 WEST 55TH STREET 8TH FLOOR
 Contract#: 82289698 City: NEW YORK State: NY Zip: 10019
 Start Date: 10/27/20 End Date: 11/03/20 Buyer: _____
 Revenue Type: NATIONAL POLITICAL Type: Cash Tax Schedule: _____ (None)
 Advertiser: SCOTT MARTIN FOR STATE SENATE Agency Commission %: 15
 Address: _____ Billing Cycle: Standard
 City: _____ State: _____ Zip: _____ Salesperson: 1276EAST Comm %: 15
 Product Name: ESMAR Makegood Policy: Within Contract Dates
 Estimate #: 9553
 Competitive Code: POLITICAL

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	10/27/20	10/30/20		6:00 AM	10:00 AM	60		4	3	4	3			14	D	25.00	14	350.00	3	
2	10/27/20	10/30/20		10:00 AM	3:00 PM	60		3	3	3	3			12	D	25.00	12	300.00	3	
3	10/27/20	10/30/20		3:00 PM	7:00 PM	60		3	4	3	4			14	D	25.00	14	350.00	3	
4	10/31/20	10/31/20		6:00 AM	10:00 AM	60						2		2	D	10.00	2	20.00	3	
5	10/31/20	10/31/20		10:00 AM	3:00 PM	60						2		2	D	8.00	2	16.00	3	
6	10/31/20	10/31/20		3:00 PM	7:00 PM	60						2		2	D	5.00	2	10.00	3	
7	11/01/20	11/01/20		6:00 AM	10:00 AM	60							2	2	D	4.00	2	8.00	3	
8	11/01/20	11/01/20		10:00 AM	3:00 PM	60							2	2	D	4.00	2	8.00	3	
9	11/01/20	11/01/20		3:00 PM	7:00 PM	60							2	2	D	4.00	2	8.00	3	
10	11/02/20	11/03/20		6:00 AM	10:00 AM	60	4	3						7	D	25.00	7	175.00	3	
11	11/02/20	11/03/20		10:00 AM	3:00 PM	60	3	3						6	D	25.00	6	150.00	3	
12	11/02/20	11/03/20		3:00 PM	7:00 PM	60	3							3	D	25.00	3	75.00	3	

Billing Projections: By Month

	Oct 20	Nov 20
CA	1,046.00	424.00
ST	0.00	1,470.00

☒ Print Spot Prices
TOTAL SPOTS 68GROSS TOTAL \$ 1,470.00ADJUSTED SPOTS 68ADJUSTED TOTAL \$ 1,470.00

APPROVE DECLINE



General Manager



Sales Manager



National Sales Manager



Local Sales Manager