

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Delegate Amanda Batten, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Amanda E. Batten

Authorized committee:

Friends of Amanda Batten

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Delegate

Date of election:

November 7, 2023

General

Primary

Treasurer of candidate's authorized committee:

Dayle Brittain

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:	Signature:
Name: Amanda E. Batten	Name: Sarah Watson
Date of Request to Purchase Ad Time: 8.25.2023	Date of Station Agreement to Sell Time: 8/25/23

**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: 10/02/23

**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 #: <b>10885</b>	Station Call Letters: <b>WTYD</b>	Date Received/Requested: <b>10/02/23</b>
Est. #:	Station Location: <b>Williamsburg, VA</b>	Run Start and End Dates: <b>10/07/23 to 11/07/23</b>

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.

# LOCAL DAILY MEDIA

## Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until cancelled. You may cancel this authorization at any time by contacting Local Daily Media.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Name on Card:	Amanda E. Batten
Card Number:	4270 8290 6672 7527
Expiration Date:	01/24 Security Code: 613
Billing Address:	7500 Uncles Neck Toano, VA 23168
Invoice Number(s) (if applicable):	
Amount to Charge:	\$2500.00
Date to Charge:	
Contact Name:	Amanda Batten
Contact Phone:	757-903-6311
Contact Email:	amanda@amandabatten.com

I authorize Local Daily Media to charge my credit card above for agreed upon purchases. I understand that my information will be kept on file for future transactions on my account, unless I cancel this authorization.

Amanda E. Batten  
Customer Signature

8-25-23  
Date



WTYD, WYDaily.com  
 4732 Longhill Rd., Ste 2201  
 Williamsburg, VA 23188  
 amber@localdailymedia.com |  
 757-565-1079

WNTB, WUIN, Portcitydaily.com  
 1410 Commonwealth Dr., Unit 102A  
 Wilmington, NC 28403  
 danielle@localdailymedia.com |  
 910-772-6301

**Campaign Number** 10,885  
**Campaign Description** Delegate Amanda Batten - WTYD, WYD  
**Start / End Dates** 10/7/2023 to 11/7/2023  
**Created** Thursday, August 17, 2023  
**Contact** Sarah Watson  
**Salesperson** Elisa Campana  
**Advertiser** Delegate Amanda Batten  
**Brand** Delegate Amanda Batten

Delegate Amanda Batten  
 7500 Uncles Neck  
 Toano, VA VA

Spot Lines

Station	Date Range	Time Range	Repeated	Rotation	Len	Mo	Tu	We	Th	Fr	Sa	Su	Spots	Rate	Gross	Total
1 WTYD-FM	10/7/2023 11/7/2023	6:00 19:00	All Weeks	Length	30	Y	Y	Y	Y	Y	N	N	50	20,00	,000.00	1,000.00
															<b>Total</b>	1,000.00

Other Charges

Date	Station	Description	Gross	Net	Total
10/7/2023	WYDaily.com	Local News Leaderboard			
<b>Total:</b>			1,500.00	1,500.00	1,500.00

Projected Billing

Invoice Date	From	To	Spots	Gross	Net	Total
10/2/2023	10/1/2023	10/31/2023	35	2,200.00	2,200.00	2,200.00
11/2/2023	11/1/2023	11/30/2023	15	300.00	300.00	300.00
<b>Total:</b>			50	2,500.00	2,500.00	2,500.00