

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Linda Verin, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

TERRI SEWELL

Authorized committee:

Agency requesting time (and contact information):

☐

N/A

ADS THAT WORK

Candidate's political party:

DEMOCRATIC PARTY

Office sought (no acronyms or abbreviations):

Date of election:

☐

General

☐

Primary

Treasurer of candidate's authorized committee:

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:

DocuSigned by:

Linda Verin

76042039FC5941C...

Name: Linda Verin

Signature:

Terry Banks

Name: TERRY Banks

Date of Request to Purchase Ad Time: 12/15/2023

Date of Station Agreement to Sell Time: 12/13/23

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 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.



Advertiser Name: AD'S THAT WORK

Full Name as Listed on Credit Card: _____

Address and Zip Code on File with Card Issuing Bank: _____

Account Executive: TERRY BANKS

Type of Card: ☐ Visa ☐ Mastercard ☐ American Express

Credit Card Account Number: _____

Expiration Date: _____ CV#: _____

Type "Invoice Amount" if not a set billing amount)

Total Amount of Charges \$ 1360.00

Recurring Payment: ☐ Y ☒ N Monthly (Day of Month to Charge)

Email Address for Receipt: adsthatworkreally@gmail.com

Effective 12/1/22, a 1.5% admin fee will be added at the time of payment if you choose to pay by credit card.

My signature below gives my permission for you to charge my card for the monthly balance due and it can also be charged for any additional advertising schedule(s) I agree to purchase throughout the term of my advertising. Invoices will be forwarded each month to the named client above upon completion of such advertising schedule(s) for that/those months.

Authorized Signature

12/13/23
Date