AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable	box)				
☐ FEDER	AL CANDIDA	TE		/LOCAL CA	NDIDATE
	il Themselve ı, Federal Caı				
Station and Location: Date:					
-,	Ellenbogen				
being/on behalf of:, a legally					
qualified candidate of the Independent Party political					
party for the offi	ce of: Ulst	er County Distric	ct Attorney		
in theGeneral Election					
	eld on: No				
do hereby reque	st station time as f	follows:			
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
30	ROS	4		21	1

Total Charges: \$428.40

national importance," list the mat	or in part, "communicates a message relating ters below:	to any political matter of
I represent that the payment for t	he above described broadcast time has been	furnished by:
•	ce the time as paid for by such person or ent ity is either a legally qualified candidate or a gally qualified candidate.	•
The name of the treasurer of the o	candidate's authorized committee is:	
and discount, promotional and other	ts political advertising policies, including: a her sales practices (not applicable to federal	candidates).
	DISCRIMINATE OR PERMIT DISCRIMITY THE PLACEMENT OF ADVERTISING.	NATION ON THE BASIS
To Be Signed By	Candidate or Authorized C	ommittee
11/3/2023		
Date	Signature	
To Be Sign	ned By Station Representati	ive
☐ Accepted	☐ Accepted in Part	☐ Rejected
Signature	Printed Name	Title

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

		authorized committee) hereb in part) pursuant to this agreen	y certify that the programming nent:
	\Box does	☐ does not	
		e (check applicable box). I futo an opposing candidate:	rther certify that for the
(chec	k applicable box)		
		g contains a personal audio sta e, the office being sought, and	·
	image of the candidate displayed printed stater	ming contains a clearly identification of at least four ment identifying the candidate the candidate and/or the candi	seconds, and a simultaneously, that the candidate approved
	signa	nture of candidate or authorized cor	nmittee
	prin	ted name	date

AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF CANDIDATE'S REQUEST)

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:	
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AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.