CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, ______, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:						
Authorized committee:						
Agency requesting time (and contact information):						
N/A						
Candidate's political 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: Fi Di Medicu	Signature: Duncan Myers					
Name:	Name:					
Date of Request to Purchase Ad Time:	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: Fi Di Media							
Name:							
Date:							
TO BE COMPLETED BY STATION ONLY							
Ad 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 (ab	oove):	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 tra use this space to document schedule of t purchased or attach separately. If station of a contact person who can provide that the OPIF.	ime purchased, v will not upload th	when spots ne actual ti	s actuall <u>;</u> imes spo	y aired, tl ots aired	ne rates until an	charged and the classes of time invoice is generated, the name	