ANDIDALE ADVEKTISEIVIEIVI AUKEEIVIEIVI FURIVI

, Floyd L. Donald	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE 1888	FEDERAL CANDIDATE
IDENTIFY CANDIDATE TYPE	STATE OR LOCAL CANDIDATE
ALL QUESTIONS/BL	OCKS MUST BE COMPLETED
Candidate name:	
Shirley M. Washington	
Authorized committee:	
Committee to Re-Elect Shirley Washington	
Agency requesting time (and contact information):	· · · · · · · · · · · · · · · · · · ·
N/A	
Candidate's political party:	
Democrat	
Office sought (no acronyms or abbreviations):	* *
Pine Bluff, Arkansas Mayor .	
Date of election:	General Primary
April 2, 2024. (RUNOFF ELECTION)	
reasurer of candidate's authorized committee:	
Sheryl Winn	
The undersigned represents that:	
 the payment for the broadcast time requested has be 	en furnished by (check one box below):
the candidate listed above who is a legally qualifi	
the authorized committee of the legally qualified	
(2) this station is authorized to announce the time as paid	
(3) this station has disclosed its political advertising polici and other sales practices (not applicable to federal ca	ies, including applicable classes and rates, discount, promotion ndidates).
THIS STATION DOES NOT DISCRIMINATE OR PERMIT IN THE PLACEMENT OF ADVERTISING.	DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature: Shenly M. Washytt	Signature: / lax gst (o)
Name: Shirley M. Washinton	Name: (RAIL CASTRECLE)
Date of Request to Purchase Ad Time: 3/15/24	Date of Station Agreement to Sell Time: 3/28/24

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/A	Agency		
Signature:			A COMPANY OF THE COMP
Name:			COMMISSION OF THE STATE OF THE
Date:			s intrefer-
то	BE COMPLETED BY STATION ON		
Ad submitted to Station? Yes No Date ad received: 3/29/24			
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 (optional): **Inload partially accepted form, then promptly upload updated final form when complete			
*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#: 6046439	Station Call Letters: KATV	Date Received/Requested:	
Est. #:	Station Location: Little Rock	Run Start and End Dates: 3/31 -4/1/2	H S
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.			
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to be OPF or during time