

## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☒ **FEDERAL CANDIDATE**

☐ **STATE/LOCAL CANDIDATE**

**To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3**

<b>Station and Location:</b>	<b>Date:</b>
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I, Michelle Irvin,  
being/on behalf of: Roberson for Lieutenant Gov,  
a legally qualified candidate of the Republican  
political party for the office of: Lieutenant Gov  
in the Primary  
election to be held on: 6/12/18

do hereby request station time as follows:

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

**Attach proposed schedule with charges (if available): SEE ORDER**

I represent that the payment for the above described broadcast time has been furnished by:

**Roberson for Lieutenant Gov**

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

**Christie Hastie**

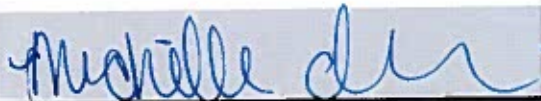
This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

***To Be Signed By Candidate or Authorized Committee***

**4/30/18**

**Date**



**Signature**

***To Be Signed By Station Representative***

☐ **Accepted**

☐ **Accepted in Part**

☐ **Rejected**

**Signature**

**Printed Name**

**Title**

## FEDERAL CANDIDATE CERTIFICATION

**In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:**

I, **Michelle Irvin**

(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ **does**

☐ **does not**

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

☐ the **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.

☐ the **television** programming 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.



**signature of candidate or authorized committee**

**Michelle Irvin**

**printed name**

**4/30/18**

**date**