



POLITICAL

BROADCAST AGREEMENT FORMS | PB-17

Updated to Comply with the FCC Non-Discrimination Policy



NAB POLITICAL ADVERTISING AGREEMENT FORMS (PB-17)

TABLE OF CONTENTS

USING THE FORMS

**PB-17 NAB AGREEMENT FORM FOR POLITICAL
CANDIDATE ADVERTISEMENTS**

**PB-17 NAB AGREEMENT FORM FOR NON-
CANDIDATE/ISSUE ADVERTISEMENTS**



These political advertisement agreement forms have been designed to serve as actual contracts for the sale of political broadcast time and to satisfy FCC record retention requirements.

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Additional copies of the Political Agreement Forms in paper or electronic format are available through NAB Services, 1771 N Street, NW, Washington, DC 20036-2800. For price information, please call (202) 429-5484.



POLITICAL BROADCAST ADVERTISEMENT FORMS PB-17

USING THE FORMS

IMPORTANT NOTE:

For the PB-17 Issues Form Only - If an Issue Advertiser certifies that the programming does not communicate “a message relating to any political matter of national importance,” stations must nonetheless independently verify that no such messages are communicated in the programming. Stations are required to ensure compliance in order to properly disclose rates and times aired in the public file.

Acrobat Reader 5.0

You must have version 5.0 or higher of Adobe’s Acrobat Reader to use these forms. If you do not have Adobe Reader 5.0 or higher, you can download a free copy at:
<http://www.adobe.com/products/acrobat/readermain.html>.

Acrobat Toolbar Functions

When you install the Acrobat Reader and view a fill-in form, you will see a toolbar at the top of the document like this:



You need to use only a few of these buttons to complete a fill-in form. The buttons you need to use are explained below:



The **Hand Tool** will most likely be pre-selected the first time you use Acrobat Reader. This tool allows you to fill in the forms on your desktop. This tool is selected when the cursor appears in the shape of a hand like the one pictured on the button.

With a fill-in form on the screen, move the hand tool over a portion of the form to be filled in. You will notice that the hand icon changes to a text icon, which looks like a capital I. This means that this is an area of the form that you are able to fill in using your keyboard. After you fill in that box, move your mouse to another field to fill it in. Note: You may also use the TAB button on your keyboard to

advance to the next field. To mark a check box, move your Hand Tool over a box and click your left mouse button. To unmark the box, move the cursor over the box and click again.



The **Zoom Tools** allow you to change the current view of the form displayed. Depending on your monitor size, you may need to use the + Zoom Tool to get a better view of the form.



Page Tools

The first button moves you directly to the first page of the current form. The second button moves you back one page on the current form. The third button moves you one page forward on the current form. The fourth button moves you directly to the last page of the current form.

Printing the Forms

To print a completed form, click on the “File” menu and select the “Print” option.

Saving the Forms

Acrobat Reader does not allow forms to be saved. Complete the entire form, review and print prior to closing the file. Closing the file will erase all information filled in.

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

Station and Location:	Date:
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I, _____,

being/on behalf of: _____, a legally

qualified candidate of the _____ political

party for the office of: _____

in the _____

election to be held on: _____

do hereby request station time as follows:

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

Total Charges:

For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

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

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:

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

Date

Signature

To Be Signed By Station Representative

☐ 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:

I, _____
(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

printed 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:

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.

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location:	Date:
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I, _____
do hereby request station time concerning the following issue:

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

Total Charges:

This broadcast time will be used by: _____

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"

☐ **Yes**

☐ **No**

For programming that “communicates a message relating to any political matter of national importance,” list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

For programming that “communicates a message relating to any political matter of national importance,” attach Agreed Upon Schedule (Page 3)

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

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☐ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

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

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney’s fees, that may ensue from the broadcast of the above-requested advertisement(s). **For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.**

TO BE SIGNED BY ISSUE ADVERTISER

Date Signature Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☐ Accepted ☐ Accepted in Part ☐ Rejected

Signature Printed Name Title

AGREED UPON SCHEDULE

For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance

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

Total Charges:

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.