

POLITICAL/ISSUE AVAIL REQUEST

DATE: October 1, 2018

REQUESTED BY: Laurie Mayeux, Innovative Advertising/People Who Think

ADDRESS: 4250 Hwy 22, Mandeville, LA 70471

TELEPHONE# 985-377-7159

ON BEHALF OF CANDIDATE/ISSUE: Wesley Meredith

OFFICE/ISSUE: NC SD #19

PARTY AFFILIATION: Republican

COMMITTEE: Wesley Meredith for Senate

TREAS./CHAIRMAN: Jason Poole, Treasurer

ADDRESS: PO Box 27038, Fayetteville, NC 28314

TELEPHONE# na

DATES AND TIMES REQUESTED: all

REMARKS: www.wesleymeredith.com

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: WTVD-TV	Date: 10/1/18
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I, People Who Think,
 being/on behalf of: Wesley Meredith for Senate,
 a legally qualified candidate of the Republican
 political party for the office of: State Senate SD #19
 in the General
 election to be held on: November 6, 2018
 do hereby request station time as follows:

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

Attach proposed schedule with charges (if available): As Attached

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

Wesley Meredith for Senate

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:

Jason Poole

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

10/1/18

Date _____

Signature

To Be Signed By Station Representative

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name _____

Title