

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Tom Burch, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Tom Burch	
Authorized committee: Committee to Re-Elect Tom Burch	
Agency requesting time (and contact information): <input checked="" type="checkbox"/> N/A	
Candidate's political party: Democratic	
Office sought (no acronyms or abbreviations): KY House of Representatives	
Date of election: 05/17/2022	<input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Reva Loveland	
The undersigned represents that: (1) the payment for the broadcast time requested has been furnished by (check one box below): <input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or <input type="checkbox"/> 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).	
<b>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</b>	
Candidate/Committee/Agency	Station Representative
Signature: 	Signature: 
Name: TOM Burch	Name: Vivien Ogburn
Date of Request to Purchase Ad Time: 05/12/2022	Date of Station Agreement to Sell Time: 5/12/2022