

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, AxMedia, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

**Duane Davidson**

Authorized committee:

**Friends of Duane Davidson**

Agency requesting time (and contact information):

N/A **AxMedia**

Candidate's political party:

**Republican**

Office sought (no acronyms or abbreviations):

**Washington State Treasurer**

Date of election:

**8/4/2020**

General

Primary

Member of candidate's authorized committee:

**Jason Michaud**

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

the candidate listed above who is a legally qualified candidate, or

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.

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

Candidate/Committee/Agency	Station Representative
Signature: <i>Sarah Blue</i>	Signature:
Name: <b>Sarah E Blue</b>	Name:
Date of Request to Purchase Air Time: <b>7/20/2020 7a</b>	Date of Station Agreement to Sell Time:

**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/Agency**

Signature:

Name

Date:

**TO BE COMPLETED BY STATION ONLY**Ad submitted to Station?  Yes  No Date ad received: 7/20

Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).

Federal candidate certification signed (above)  Yes  No  N/A

Depositors:

 Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID) Rejected – provide reason:

\*Upload digitally accepted form, then promptly upload located fine print form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #: **1701411764**Station Call Letters: **KKRZ-FM**Date Received/Requested: **7/20**Est. #: **1670**Station Location: **Portland, OR**Run Start and End Dates: **7/21-8/4**

Upload original form and invoice (or traffic system print out) or other documents reflecting this transaction to the OPIE or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or each separately. If station will not disclose 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 OPIE.

**1670**