## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.		
I, <u>Grace</u> Hecht, hereby request station time as follows:		
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE  STATE OR LOCAL CANDIDATE		
ALL QUESTIONS/BLOCKS MUST BE COMPLETED		
Candidate name: Grace Hecht		
Authorized committee: Chrace Hecht for Dist. 2 Supervisor		
Agency requesting time (and contact information):		
N/A		
Candidate's political party:  Republican		
Office sought (no acronyms or abbreviations):		
Office sought (no acronyms or abbreviations):  Mohave County District 2 Supervisor  General Primary		
Date of election:  JULY 30, 2024		
Treasurer of candidate's authorized committee:		
Robynne Mieding		
The undersigned represents that:		
(1) the payment for the broadcast time requested has been fur	nished 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: Grace Hecht Name: Grace Hecht	Signature:	
Name: Grace Hecht	Name: Vicki Boldsberry	
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:	

Federal Candidate Certification: The undersigned hereby certifies that the broto an opposing candidate or, if it does, (2) cofor a duration of at least four seconds and a sthe candidate approved the broadcast and the broadcast or if radio programming, contains the office being sought and that the candidate	simultaneously displayed printed statem hat the candidate and/or the candidate a personal audio statement by the candi	ent identifying the candidate, that	
Candidate/Authorized Committee/Ag	ency	· ·	
Signature: Whate H			
Name: Grace H	echt	теріншен байындарды және жері және жетерін жетері і де байында қарағы ұртышта дынға және дәне қара қара қара қара қара қара қара қар	
Date: 4/79/74			
TO B	E COMPLETED BY STATION OF	NLY	
Ad submitted to Station? Yes Y No			
Date ad received:			
Federal candidate certification signed (above): X Yes No N/A			
Disposition:  X Accepted Accepted IN PART (e.g., ad copy note to be reason (optional)	ot yet received to determine sponsor ID I):	)*	
*Upload partially accepted form, then promptly upload updated final form when complete.			
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):			
Contract #:   5	Station Call Letters:	Date Received/Requested:	
**	Station Location: Mokaye	Run Start and End Dates: 516124 - 7128124	
Upload order, this form and invoice (or traff	ic system print-out) or other documents		

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