CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.			
Grace Hecht	, hereby request station time as follows:		
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE STATE OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCK	KS MUST BE COMPLETED		
Candidate name: Grace Hech	+		
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): Mohave County District 2 Supervisor			
Date of election: July 30, 2024			
Robynne Mieding			
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: Hecht	Signature:		
Name: Grace Hecht	Name: Vicki Goldsberry		
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:		

to an opposing candidate or, if it does, (2) for a duration of at least four seconds and	e broadcast matter to be aired pursuant to contains a clearly identifiable photograp d a simultaneously displayed printed state and that the candidate and/or the candidat ains a personal audio statement by the car didate has approved the broadcast.	ement identifying the candidate, that te's authorized committee paid for the	
Candidate/Authorized Committee/	Agency		
Signature:	Hecht		
Name: Grace +	techt	and read that the second and the sec	
Date: 4/29/24			
TO	BE COMPLETED BY STATION O	NLY	
Ad submitted to Station?			
Federal candidate certification signed (above):			
Disposition: Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)* Rejected – provide reason (optional):			
*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 #: 6044-001	Station Call Letters:	Date Received/Requested:	
Est. #:	Station Location: Mohaue	Run Start and End Dates: 5/6/24 - 7/28/24	
Upload order, this form and invoice (or tra use this space to document schedule of ti purchased or attach separately. If station	offic system print-out) or other documents ime purchased, when spots actually aired, will not upload the actual times spots aired	the rates charged and the classes of time	

of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.