

## 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:**

WBRT BARDSTOWN KY

**Date:**

5/17/13

I, Michael Johnson

being/on behalf of: \_\_\_\_\_

a legally qualified candidate of the

Democratic

political party for the office of:

N.C. Jailer

in the

PRIMARY

election to be held on:

MAY 22, 2013

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
		<u>see attached</u>			

Attach proposed schedule with charges (if available):

\$46<sup>00</sup>

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

*The candidate*

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:

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**

*5/17/18*

Date

*[Signature]*

Signature

**To Be Signed By Station Representative**

Accepted

Accepted in Part

Rejected

*[Signature]*

Signature

*Roth Stratton*

Printed Name

*GM*

Title

I agree to pay above total amount according to card issuer agreement (Merchant agreement if credit voucher)  
*[Signature]*  
JOHNSON, MICHAEL P  
Merchant Copy  
THANK YOU COME AGAIN

05/17/18  
Inv #: 000654  
Apprvd: Online  
Batch#: 000291  
Appor Code: 792071  
Total: \$ 46.00  
11:41:48  
Exp: 04/21  
Entry Method: Swiped  
XXXXXXXXXXXX257  
VISA

Merchant ID: 000000502344  
Ref #: 0001  
Sale  
MBRT  
106 S 380 ST  
BARDSTOWN, KY 40004  
502-348-3943

*Payment*



# WBRT WOKH

## Advertising Order / Production Request / Traffic Instructions

Date 5-17-12

Client Code ROL

Sales Rep Code RS

Client Name Michael Johnson

New Order  Copy Change

Address \_\_\_\_\_

City Bondstown State KY Zip 40004

Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_

Confirmation Needed Yes  No  Fax Number \_\_\_\_\_

Scheduled Start Date 5/18/12 Scheduled End Date 5/21/12

Daypart Schedule 6A-9A  
10A-11A

WK M T W T F S Su Weekly Totals

WK	M	T	W	T	F	S	Su	Weekly Totals
5/14					10-9A	6-9A	6-9A	2x6
5/21								1x12
								1x12
								1x10
								4x6

Copy #1 Title \_\_\_\_\_ Length 30  
System # 0563 Start Date 5/18 End Date 5/21

Copy #2 Title \_\_\_\_\_ Length \_\_\_\_\_  
System # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

#1 \_\_\_\_\_  
#2 \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Sales Rep Signature \_\_\_\_\_

Total Rate \_\_\_\_\_ X Quantity 5 = Total Order \$ Value 46