CANDIDATE ADVERTISEMENT AGREEMENT FORM

11/2 ADD (11/3-11/7)

See Order for proposed schedule and charges.	See Invoice for actual schedule and charges.
1, Tom Murphy	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED
Candidate name: Tom Murphy	
Candidate name: Tom Murphy Authorized committee: Tom Murphy F	ir Council
Agency requesting time (and contact information):	•
Candidate's political party:	
Office sought (no acronyms or abbreviations):	
Date of election: 11/7/23	General Primary
Treasurer of candidate's authorized committee:	
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 car	
the authorized committee of the legally qualified candi	date listed above;
(2) this station is authorized to announce the time as paid for b	
(3) this station has disclosed its political advertising policies, included and other sales practices (not applicable to federal candidates)	
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature: Som Murphy Name: TOM MY MY	Signature: Well-Euchson
Name: 70M MWY phy	Name: Kelli Enickson
Date of Request to Purchase Ad Time: 11 2 23	Date of Station Agreement to Sell Time: 11 2 23

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/A	Agency										
Signature:											
Name:											
Date:											
ТО	BE COMPLETED BY STATION OF	NLY									
Ad submitted to Station?	No Date ad received:										
Note: Must have separate PB-19 Forr	ns for each version of the ad (i.e., for e	every ad with differing copy).									
Federal candidate certification signed (ab	oove): Yes No	N/A									
Disposition: Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)* Rejected – provide reason: *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 #:	Station Call Letters: KYL, KYNY KKMA KANN KKY	Date Received/Requested:									
Est. #:	Station Location:	Run Start and End Dates:									
use this space to document schedule of ti	affic system print-out) or other documents ime purchased, when spots actually aired, will not upload the actual times spots aired information immediately should be placed	the rates charged and the classes of time duntil an invoice is generated, the name									

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\$5.95 30	SA 6A-7F	11/4	11/4						10		10	10	\$59.50	
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