POLITICAL AGREEMENT FORM - CANDIDATE

, Emily teck Thompson	., hereby request station time as follows:
IDENTIFY CANDIDATE TYPE FED	ERAL CANDIDATE E OR LOCAL CANDIDATE
J STAI	E OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCI	CS MUST BE COMPLETED
Candidate name:	
Mike Lehoe	
Authorized committee:	
Citizens to Elect Mike	hehoe
Agency requesting time (and contact information):	
NA Thompson Commun	lications, Inc
Candidate's political party:	
Hepublican	
Office sought (no acronyms or abbreviations):	
Governor	, M
Date of election: Aug 6 - 2024	General
Treasurer of candidate's authorized committee:	
Charlie Krusz	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been ful	rnished by (check one box below):
the candidate listed above who is a legally qualified ca	ndidate, or
the authorized committee of the legally qualified candi	date listed above;
(2) this station is authorized to announce the time as paid for b	y such person or entity; and
(3) this station has disclosed its political advertising policies, including and other sales practices.	cluding applicable classes and rates, discount, promotion
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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: Peck	Signature: Beth War sham
Name: Emily Peck	Name: Beth Worsham
Date of Request to Purchase Ad Time: 7 - 27 - 7 \	Date of Station Agreement to Sell Time: 5/22/201

Date ad received: Federal candidate certification signed (above): Yes No N/A Disposition: Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)* Rejected – provide reason (optional): Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):		Station Call Letters: KRCG	
TO BE COMPLETED BY STATION ONLY Ad submitted to Station? Yes No Date ad received: Federal candidate certification signed (above): Yes No N/A Disposition: Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)* Rejected – provide reason (optional):		if any (e.g., insufficient sponsor ID tag):	
Date: TO BE COMPLETED BY STATION ONLY Ad submitted to Station? Yes No Date ad received: Federal candidate certification signed (above): Yes No N/A Disposition: Accepted Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*	Rejected – provide rea		The state of the s
	Date: Ad submitted to Station? Date ad received: Federal candidate certification Disposition: Accepted Accepted IN PART (e.e.	Yes No signed (above): Yes No	N/A
	broadcast or if radio program	oroadcast and that the candidate and/or the candi oroadcast and that the candidate and/or the candi orning, contains a personal audio statement by the hat the candidate has approved the broadcast.	data'a a. th. ' l '