

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:

Tuscaloosa, Al. WTUG/WTSC/WALZ

Date:

7-21-20

I, JAY LOGANbeing/on behalf of: JAY LOGAN, a legallyqualified candidate of the CITY COUNCIL OF NORTHPORT politicalparty for the office of: NORTHPORT CITY COUNCIL DISTRICT 2in the CITY OF NORTHPORTelection to be held on: AUGUST 25th 2020

do hereby request station time as follows:

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

Total Charges:\$1214⁰⁰ + 103⁰⁰ = \$1317⁰⁰

advance to the next field. To mark a check box, move your Hand Tool over a box and click your left mouse button. To unmark the box, move the cursor over the box and click again.



The **Zoom Tools** allow you to change the current view of the form displayed. Depending on your monitor size, you may need to use the + Zoom Tool to get a better view of the form.



Page Tools

The first button moves you directly to the first page of the current form. The second button moves you back one page on the current form. The third button moves you one page forward on the current form. The fourth button moves you directly to the last page of the current form.

Printing the Forms

To print a completed form, click on the “File” menu and select the “Print” option.

Saving the Forms

Acrobat Reader does not allow forms to be saved. Complete the entire form, review and print prior to closing the file. Closing the file will erase all information filled in.

For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

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

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

X 7/23/2020 [Signature]
Date Signature

To Be Signed By Station Representative

☒ Accepted

☐ Accepted in Part

☐ Rejected

[Signature]
Signature

Jay Orr
Printed Name

Sr. Asst. Exec.
Title

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

I, _____
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ **does**

☐ **does not**

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

- ☐ the **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.
- ☐ the **television** programming 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.

signature of candidate or authorized committee

printed name

date

AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF
CANDIDATE'S REQUEST)

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location:	Date:
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I, _____
do hereby request station time concerning the following issue:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:

This broadcast time will be used by: _____

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"

☐ **Yes**
☐ **No**

For programming that “communicates a message relating to any political matter of national importance,” list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

For programming that “communicates a message relating to any political matter of national importance,” attach Agreed Upon Schedule (Page 3)

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

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☐ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney’s fees, that may ensue from the broadcast of the above-requested advertisement(s). **For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.**

TO BE SIGNED BY ISSUE ADVERTISER

Date Signature Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☐ Accepted ☐ Accepted in Part ☐ Rejected

Signature Printed Name Title

AGREED UPON SCHEDULE

For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.