

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:	Date:
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I, Cedro Rodriguez
being/on behalf of: Cedro Rodriguez
a legally qualified candidate of the _____
political party for the office of: Public Hospital District Commissioner
in the Kennewick Public Hospital District position. 7
election to be held on: November 3rd, 2015
do hereby request station time as follows:

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

Attach proposed schedule with charges (if available):

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

 Carlos Rodriguez

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:

 Steve Blodgett

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

 10-27-15

Date

 [Signature]

Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

Signature

Printed Name

Title



INQUIRY RECORD FOR POLITICAL TIME
STATION KNDU -TV
(TO BE PLACED IN PUBLIC INSPECTION FILE)

Date: Oct 27 2015
Request made by: Cedro Rodriguez Phone: 521-9758
For candidacy of: Kennecott Public Hospital (Committee name)

PRIMARY ELECTION _____ GENERAL ELECTION

POLITICAL PARTY:
DEMOCRAT _____
REPUBLICAN
OTHER _____

Material Requested: Political Rate Card _____ Political Packet _____
Legally Qualified Candidate for the Office of _____
Time Requested: (May attach copies of faxed orders)

Length of Broadcast	Hour	Days	Class of Time	Times Per Week	Package or Rotation	Number of Weeks	Rates
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Date of First Broadcast: _____ Date of Last Broadcast: _____ Total Charge \$ _____

If not already on file, list chief executive officer(s) or members of the executive committee or board of directors of sponsoring organization (if other than candidate is making this inquiry).

Request Received By: _____ Title: _____ Date: _____