CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.	
1, Haula E. Jamo - Pakkak , hereby request station time as follows:	
FEDERAL CANDIDATE	
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE	
ALL QUESTIONS/BLOCKS MUST BE COMPLETED	
Candidate name: Paula James - Pakkala	
Authorized committee: M H	
Agency requesting time (and contact information):	
Candidate's political party:	
Office accepts (on agraphyse or abbreviations):	
McKinly County Distert Attorney Date of election: General Primary	
Date of election: General Primary Treasurer of candidate's authorized committee:	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been furnished by (check one box below):	
the candidate listed above who is a legally qualified candidate, or	
the authorized committee of the legally qualified candidate listed above;	
(2) this station is authorized to announce the time as paid for by such person or entity; and	
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion 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.	
Candidate/Committee/Agency	Station Representative
Signature: Copie	Signature: Mayara
Name: Playly E. James - Pakky b. Date of Request to Purchase Ad Time:	Name: Mary And Armijo Date of Station Agreement to Scil Time:

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/Agency
Signature:
Name:
Date:
TO BE COMPLETED BY STATION ONLY
Ad submitted to Station? Yes No Date ad received:
Federal candidate certification signed (above):
Disposition: Accepted Accepted IN PART (e.g., acl 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: XTC-FM Date Received/Requested: Station Coalign: Station Location: Station Location: Station Location: Station Location: Station Location: Station Start and End Dates: See Affect Supplementary Station Start and End Dates: See Affect Supplementary Station Start and End Dates: Supplementary Start and End Dates: Start and End Dates: Start an