CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.	
1. Todd Maher	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE STATE OR LOCAL CANDIDATE	
ALL QUESTIONS/BLOCKS MUST BE COMPLETED	
Candidate name:	
Todd Maher	
Authorized committee:	
Maher For Supervisor	
Agency requesting time (and contact information):	
X N/A	
Candidate's political party:	
Office sought (no acronyms or abbreviations):	
Page County Super	visor
Date of election:	General X Primary
Treasurer of candidate's authorized committee:	
Mandy Maner	
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 qualifi d c di te, o	
the authorized committee of the legally qualified candidate listed above;	
(2) this statio is autho ized to a nounce the time as paid for by such person or entit; 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: Mandy When	Signature:
Name: Mandy Maher	Name: Linsburg
Date of Request to Purchase Ad Time: 6/6/2022	Date of Station Agreement to Sell Time: