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

GLENDA STRENGTH

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

02-03-2020 Glenda Strength

Date **Signature**

To Be Signed By Station Representative

☒ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Signature CAYLE SAMFORD **Printed Name** STATION MANAGER **Title**

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