AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐ FEDERAL CANDIDATE

STATE/LOCAL CANDIDATE

To Avail Window,	Themselves Federal Car	Of The Low Ididates Mus	vest Unit Cha st Sign The C	rge During A Sertification	A Political On Page 3
Station and Location:					The State of
ł,	IC MEDIA PLA				
being/on bel	half of:	FABER			
a legally qua	alified candidates by for the office RAL ELECTION	te of the REPU OHIO STA	JBLICAN PART	Y	
election to b	e held on: NO	VEMBER 6, 20			
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
Attach propo	sed schedule	with charges (if available):		

I represent that the payment by:	for the above described broadcast	time has been furnished
FRIENDS OF FABER		
represent that this person or	nounce the time as paid for by suc entity is either a legally qualified ca zation of the legally qualified candid	andidate or an
	the candidate's authorized commit 6 STATE ROUTE 703, CELINA, O	
This station has disclosed to classes and rates; and discouto federal candidates).	me its political advertising policies, unt, promotional and other sales pr	including: applicable actices (not applicable
THIS STATION DOES NOT BASIS OF RACE OR E	DISCRIMINATE OR PERMIT DISC THNICITY IN THE PLACEMENT O	CRIMINATION ON THE DF ADVERTISING.
To Be Signed E	By Candidate or Authorized	Committee
10.22.18	Withing doath	
Date	Signature	
To Be	Signed By Station Representativ	'e
☐ Accepted	☐ Accepted in Part	☐ Rejected
Signature	Printed Name	Title

POLITICAL INQUIRY FORM (TO BE COMPLETED BY STATION REPRESENTATIVE RESPONDING TO THE INQUIRY)

INSTRUCTIONS: This form must be completed as to all <u>requests</u>, both oral and written, for broadcast time to be used by or on behalf of (1) a candidate for public office or (2) persons who wish to communicate a message relating to "any political matter of national importance," as defined in the Bipartisan Campaign Reform Act of 2002. It is to be kept in the Station Public File for a period of two years.

STATION		DATE OF REQUEST: 10/22/2018
INQUIRY MADE BY: A	nthony lacovetti	
AGENCY (if any): Strate	egic Media Placeme	nt
ADDRESS OF AGENCY	7669 Stagers Lo	ор
CITY, STATE, ZIP OF AG	3ENCY: Delaware	, Ohio 43015-7010
TELEPHONE NUMBER	OF AGENCY: (740) 201-5500
CANDIDATE: Keith Fab	er	
ORGANIZATION OR SP	ONSORING AUTHO	DRITY (WHO WILL PAY): Friends of Faber
IF SPONSOR IS A COM	MITTEE, NAME OF	COMMITTEE: Friends of Faber
ADDRESS OF COMMIT	EE: 7706 State R	oute 703
CITY, STATE, ZIP OF CO	DMMITTEE: Celina	ı, Ohio 45822
TELEPHONE NUMBER	OF COMMITTEE: (740) 201-5500
COMMITTEE OFFICERS	∵	
Chairman: N/A		
Vice Chairman: N/A		
Treasurer: Dale Schweite	erman	
Secretary: N/A		
Is this the Candidate's Au	thorized Committee	? (XX) yes () no
OFFICE SOUGHT: Ohio	State Auditor PAR	TY AFFILIATION: Republican
() federal	(xx) state	() local
ELECTION AND DATE:	Tuesday November	6, 2018
() primary	(XX) general	

FOR ISSUE	ADS ONLY:					
a.	Candidate(s) and offices (if any) referred to:					
b.	Federal election(s) (if any) referred to:					
C.	Issue(s) discussed:					
d. DATES REC	Name, Address, Phone Number of Contact: QUESTED: October – November 2018					
LENGTH OF	SPOT/PROGRAM TIME REQUESTED: :60					
·		-				
()(If not	N OF REQUEST: granted () denied granted, state reasons in space below. If denied in writing, attach and retain. ed, attach contract and invoice, when available.	- If				
()	OR DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED: ves () no h any written documentation received.					
DATE POLI 10:12pm	TICAL DISCLOSURE FORM SUBMITTED TO REQUESTOR: Sunday 9/9/201	8				
	COMMENTS					
	STATION REP Jeff Rehl					
	REVIEWED					