CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and I, RanisJamison	charges. See Invoice for actual schedule and charges. , hereby request station time as follows:	
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE		
ALL QUESTIONS	S/BLOCKS MUST BE COMPLETED	
Candidate name: Jaime Harrison		
Authorized committee: Jaime Harrison for US Senate		
Agency requesting time (and contact information): N/A Blueprint Strategy Candidate's political party:		
Democratic Party Office sought (no acronyms or abbreviations): United States Senate (South Carolina)		
Date of election: 11/3/2020	General Primary	
reasurer of candidate's authorized committee: David Adams		
and other sales practices (not applicable to fede	qualified candidate, or alified candidate listed above; as paid for by such person or entity; and policies, including applicable classes and rates, discount, promotion	
Candidate/Committee/Agency	Station Representative	
Signature:	Signature: Kelley Roystu	
Name: Rania Jamison	Name: Kelley Royster	

Date of Request to Purchase Ad Time: 06/03/2020

Date of Station Agreement to Sell Time: 10/5/20

to an opposing candidate or, if it doe for a duration of at least four seconds the candidate approved the broadcar broadcast or if radio programming, o	the broadcast matter to be aired pursuant to, (2) contains a clearly identifiable photograph and a simultaneously displayed printed states and that the candidate and/or the candidate ontains a personal audio statement by the catandidate has approved the broadcast.	oh or similar image of the candidate ement identifying the candidate, that ite's authorized committee paid for the
Candidate/Authorized Committee	ee/Agency	
Signature: Name: Rania Jamison		
Date: 06/03/2020		
	TO BE COMPLETED BY STATION C	ONLY
Ad submitted to Station?	Yes No Date ad receiver	10/26/20
Professional Indiana Advantagement	Forms for each version of the ad (i.e., for	r every ad with differing copy).
Federal candidate certification signe	d (above): Yes No	N/A
Disposition: Accepted Accepted IN PART (e.g., ad a Rejected – provide reason:	copy not yet received to determine sponsor	ID)*
*Upload partially accepted form, the	n promptly upload updated final form when	complete.
Date and nature of follow-ups, if any	(e.g., insufficient sponsor ID tag):	
Contract #: 1510654416	Station Call Letters: WLVH-FM	Date Received/Requested: 10/26/20
Est. #: 10271102B	Station Location: Savannah, GA	Run Start and Fnd Dates: 10/27/20-11/2/20
use this space to document schedule ourchased or attach separately. If sta	or traffic system print-out) or other document of time purchased, when spots actually aire tion will not upload the actual times spots air that information immediately should be plan	d, the rates charged and the classes of tim red until an invoice is generated, the name