## **Agreement Form For Political Candidate Advertisements**

(check applicable	e blank)				
	Federa	l Candidate	State/Loc	cal Candidate	
	elves of the lowe a Candidate Cer	.tification	1.00	window, Feder	al Candidates
	G	<b>.</b>	w		
	Station and	Location: WLHC-F	М		
			North Carolina		
I, Bob Joyce					······································
being/on behalf	of	Bob Joyce			, a legally
qualified candida	ate of the	De	MOCVE	xt	, a legally political
party for the offi					
in the	Primary		***		
election to be he	ld onMare	ch 5, 2024			
do hereby reques	st station time as	follows (check	applicable box	):	
	according to the	e attached sched	ule, or		
X	as stated below				
Broadcast Length	Time of Day, Rotation, or Package	Days	Class	Times per week	Number of Weeks
0:30	ВТА	M-Sat		24	3 Starting 2/14/24
	Total Char	ges: \$881.28			
I represent that time has been f	t the check (or o urnished by		yment) for th		ed broadcast
	norized to annountity is either a le	nce the time as p	aid for by such	person or entity	. I affirm that

committee/organization of the legally qualified candidate.

Contact person for candidate or candidate's authorized committee:				
Name Bob Joyce Address POBOX 2164				
Phone Number 919-356-6125				
Name of Treasurer (if different): Shay Senton				
This station has disclosed to me its political advertising policies, including applicable classes and rates, as well as 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				
2 13 2024 Bos Oge (Signature)				
To Be Signed by Station Representative				
AcceptedAccepted in PartRejected  21324				