

# POLITICAL AGREEMENT FORM - CANDIDATE

I, Dave McReynolds, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Dave McReynolds

Authorized committee:

McReynolds for Coroner

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Williamson County Coroner

Date of election:

Primary Election - 3/19/2024

General

Primary

Treasurer of candidate's authorized committee:

Judi Kay main

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 qualified candidate, or

the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

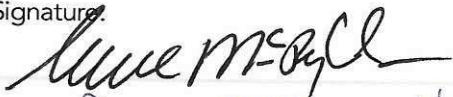
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

**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:



Signature:

Name:

Dave McReynolds

Name:

Date of Request to Purchase Ad Time: 2/27/2024

Date of Station Agreement to Sell Time:

**Federal Candidate Certification:**

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.

**Candidate/Authorized Committee/Agency**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY STATION ONLY**Ad submitted to Station?  Yes  No

Date ad received: \_\_\_\_\_

Federal candidate certification signed (above):  Yes  No  N/A

Disposition:

 Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)\* Rejected – provide reason (optional): \_\_\_\_\_

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag): \_\_\_\_\_

Contract #:

Station Call Letters:

Date Received/Requested:  
TBD

Station Location:

Run Start and End Dates:

**Upload (1) this form, (2) the order, and (3) the invoice immediately to the station's FCC Political File.**