

POLITICAL/ISSUE AVAIL REQUEST

DATE: October 12, 2016

REQUESTED BY: Lisa Cabanel, Campaign Group

ADDRESS: 1600 Locust Street, Philadelphia, PA 19103

TELEPHONE# 215-732-8200

ON BEHALF OF CANDIDATE/ISSUE: Martin Malloy

OFFICE/ISSUE: PA State Senate

PA SD#9

PARTY AFFILIATION: Democrat

COMMITTEE: Friends of Martin Malloy

TREAS./CHAIRMAN: Kevin Cafferky, Treasurer

ADDRESS: PO Box 1148, Brookhaven, PA 19015

TELEPHONE# na

DATES AND TIMES REQUESTED: all

REMARKS: www.marty4pa.com

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐ **FEDERAL CANDIDATE**

☒ **STATE/LOCAL CANDIDATE**

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location:

WPVI Philadelphia, PA

Date:

10/12/2014

I, Lisa Cabanel

being/on behalf of: Martin Malloy

a legally qualified candidate of the Democratic

political party for the office of: PA State Senate

in the General

election to be held on: November 8 2016

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
As	Attached				

Attach proposed schedule with charges (if available):

Attached

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

Friends of Martin Malloy

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:
Kevin Cafferky

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

Date

Signature

To Be Signed By Station Representative

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name

Title