## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges	
1, William Todd Drawn	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE TE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOC	KS MUST BE COMPLETED
Candidate name:	
William Told Drown	
Authorized committee:	
Agency requesting time (and contact information):	
N/A	
Candidate's political party:	
Republican	
Office sought (no acronyms or abbreviations):	
Law Director City of	Shocks   Primary
Date of election:	K General Primary
Treasurer of candidate's authorized committee:	
NA	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been ful	rnished by (check one box below):
the candidate listed above who is a legally qualified ca	ndidate, or
the authorized committee of the legally qualified candi	
(2) this station is authorized to announce the time as paid for b	y such person or entity; and
(3) this station has disclosed its political advertising policies, inc and other sales practices (not applicable to federal candidate	cluding applicable classes and rates, discount, promotion tes).
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature:	Signature: Reblece & Vacob
Namo: William Told Drown	Name: Repecça & Jacobs
Date of Request to Purchase Ad Time: 10/23/23	Date of Station Agreement to Sell Time: 13/23/23

	to an opposing candidate or, if ir for a duration of at least four sec the candidate approved the bro broadcast or if radio programmi	tion: s that the broadcast matter to be aired pursuant t does, (2) contains a clearly identifiable photogra conds and a simultaneously displayed printed star adcast and that the candidate and/or the candid ng, contains a personal audio statement by the c the candidate has approved the broadcast.	aph or similar image of the candidate tement identifying the candidate, that ate's authorized committee paid for the									
	Candidate/Authorized Com	mittee/Agency										
	Signature:											
	Name:											
	Date:											
	N N N	TO BE COMPLETED BY STATION (	ONLY									
	Ad submitted to Station?	Yes No Date ad received	d: 10/23/23									
	Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).											
	Federal candidate certification signed (above):  Yes  No  N/A											
•	Disposition:  Accepted  Accepted IN PART (e.g.  Rejected – provide reaso	, ad copy not yet received to determine sponsor	ID)*									
	*Upload partially accepted form	, then promptly upload updated final form when	complete.									
	Date and nature of follow-ups, if	any (e.g., insufficient sponsor ID tag):										
	Contract #:	Station Call Letters:	Date Received/Requested:									
	Est. #:	Station Location: Coshocher On D	Run Start and End Dates:									
	purchased or attach separately. I	ice (or traffic system print-out) or other document edule of time purchased, when spots actually airest f station will not upload the actual times spots air vide that information immediately should be placed.	ats reflecting this transaction to the OPIF or d, the rates charged and the classes of time red until an invoice is generated, the name									

	Will	NS		-X	Order						The Coshocton Broadcasting Company					
Today: Country! The Spirit of Coshocton							to				114 North Sixth Street   Coshocton, Ohio 43812					
Today's Country! The Spirit of Coshocto						hocton	Broad	cast		740-622-1560						
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Nondiscrimination Policy. Coshocton Broadcasting Co. and stations WTNS (AM/FM) do not discriminate in advertising arrangements on the basis of race or ethnicity. Any provision in any advertising agreement entered into with an advertiser whose intent is to discriminate in such manner shall be null and void.

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Today: Lountry! The Spirit of Coshocton							Ord to Broad	1		The Coshocton Broadcasting Company 114 North Sixth Street Coshocton, Ohio 43812 740-622-1560					
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