## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.		
I,, hereby request station time as follows:		
IDENTIFY CANDIDATE TYPE FEDE	RAL CANDIDATE	
STATE	OR LOCAL CANDIDATE	
ALL QUESTIONS/BLOCKS MUST BE COMPLETED		
Candidate name:		
Authorized committee:		
Agency requesting time (and contact information):		
N/A		
Candidate's political party:		
Office sought (no acronyms or abbreviations):		
Date of election:	Conord Primary	
Date of election.	General Primary	
Treasurer of candidate's authorized committee:		
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 (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.		
Candidate/Committee/Agency	Station Representative	
Signature:	Signature:	
Tammie Wingrove		
Name:	Name:	
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:	

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:  Tammis Wingro	ve		
Name:			
Date:			
TO BE COMPLETED BY STATION ONLY			
Ad submitted to Station? Yes	No Date ad received:		
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 (ab	oove): Yes No	N/A	
Rejected – provide reason:	not yet received to determine sponsor ID)  omptly upload updated final form when co		
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):			
Contract #:	Station Call Letters:	Date Received/Requested:	
Est. #:	Station Location:	Run Start and End Dates:	
use this space to document schedule of t purchased or attach separately. If station	affic system print-out) or other documents ime purchased, when spots actually aired, will not upload the actual times spots aired information immediately should be placed	the rates charged and the classes of time I until an invoice is generated, the name	

**Federal Candidate Certification:**