CANDIDATE

See Order for proposed schedu

1. DERRICK SHE

IDENTIFY CANDIDATE TYPE



ALL QUES

Candidate name:

DERRICK

Authorized committee:

DERRIC

Agency requesting time (and contact inforr

Federal Candidate Certification:

The undersigned hereby certifies that the to an opposing candidate or, if it does, (2) for a duration of at least four seconds and the candidate approved the broadcast and broadcast or if radio programming, contain the office being sought and that the candidate and

Candidate/Authorized Committee/A

Signature:

09

Name:

DERRICK S

Date:

9-27-23

TO