CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.			
l,	, hereby request station time as follows:		
IDENTIFY CANDIDATE TYPE STATE OR LOCAL 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:	General Primary		
Treasurer of candidate's authorized committee:			
The undersigned represents that:			
(1) the payment for the broadcast time requested has been fur	nished 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, inc and other sales practices (not applicable to federal candida			
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	CRIMINATION ON THE BASIS OF RACE OR ETHNICITY		
Candidate/Committee/Agency	Station Representative		
Signature: Wichael Dettorre	Signature:		
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/A	Agency		
Signature: Wichael Dettorre			
Name:			
Date:			
TO BE COMPLETED BY STATION ONLY			
Ad submitted to Station? Yes Note: Must have separate PB-19 Form	No Date ad received:	very ad with differing copy).	
Federal candidate certification signed (ab	ove): Yes No	N/A	
Rejected – provide reason:	not yet received to determine sponsor ID) omptly upload updated final form when co		
Contract #:	Station Call Letters:	Date Received/Requested:	
Est. #:	Station Location:	Run Start and End Dates:	
Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.			

Federal Candidate Certification: