

### CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, CharleneWardJohnson, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
- STATE OR LOCAL CANDIDATE

#### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Charlene Ward Johnson

Authorized committee:

[Elect Charlene Campaign](#)

Agency requesting time (and contact information):

n/a

Candidate's political party:

Democrat

Office sought (no acronyms or abbreviations):

Tx State Representative District 139

Date of election:

May 28, 2024

- General
- Primary

Treasurer of candidate's authorized committee:

Dr Felicia Farrar

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:  Name: Charlene Ward Johnson	DocuSigned by: Signature:  <small>8C6D12D1C8B54BA...</small> Name: Wayne Jones
Date of Request to Purchase Ad Time: 5/9/2024	Date of Station Agreement to Sell Time: 5/9/2024   1:41 PM PDT

Federal Candidate Certification:

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: *Charlene Johnson*

Name: Charlene Ward Johnson

Date: 5/9/2024

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?  Yes  No

Date ad received: May 9, 2024

Federal candidate certification signed (above):  Yes  No  N/A

Disposition:

- Accepted
- Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)\*
- Rejected – provide reason:

\*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:	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.



**Disclosure Statement Certification**

Candidate or Authorized Committee Name: Charlene Ward Johnson  
Representative: Self  
Address: 5319 Alba Rd., Houston, TX 77091  
Phone: 713-816-7921

Method of Disclosure (check all that apply):

- Telephone Charlene W (person's name) on May 7, 2024 (date)
- Mail \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)
- Email to Charlene WJ (person's name) on May 7, 2024 (date)
- In person \_\_\_\_\_ (person's name) on \_\_\_\_\_ (date)

Station Representative (signature): Cheronda Harrell

Candidate or Representative (signature): Charlene Johnson  
Date: 5/9/2024

By signing this document, I hereby certify that I am authorized to purchase political advertising on behalf of the above candidate and that I have received and reviewed a copy of Radio One's Political Broadcast Advertising Disclosure Statement, the terms of which shall govern such purchase.