



Disclosure Statement Certification

Candidate or Authorized Committee Name: FRIENDS OF LAMONT BAGBY
Representative: Lamont Bagby
Office Being Sought: HOUSE OF DELEGATES
Address: PO BOX 15512 RICHMOND VA 23227
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Method of Disclosure (check all that apply):

- ☐ Telephone _____ (person's name) on _____ (date)
☐ Mail _____ (person's name) on _____ (date)
☐ Email to _____ (person's name) on _____ (date)
☐ In person _____ (person's name) on _____ (date)

Station Representative (signature): Stacey Traylor

Candidate or Representative (signature): [Signature]

Date: 4/27/21

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.