

POLITICAL AGREEMENT FORM - CANDIDATE

I, Dave McReynolds, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Dave McReynolds

Authorized committee:

McReynolds for Coroner

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Williamson County Coroner

Date of election:

Primary Election - 3/19/2024

General

Primary

Treasurer of candidate's authorized committee:

Judi Kay main

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.

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:

Name:

Dave McReynolds

Name:

Date of Request to Purchase Ad Time: 2/27/2024

Date of Station Agreement to Sell Time:

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: _____

Name: _____

Date: _____

TO BE COMPLETED BY STATION ONLYAd submitted to Station? Yes No

Date ad received: _____

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 (optional): _____

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag): _____

Contract #:

Station Call Letters:

Date Received/Requested:
TBD

Station Location:

Run Start and End Dates:

Upload (1) this form, (2) the order, and (3) the invoice immediately to the station's FCC Political File.