

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Sherlena Watkins, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Sherlena R Watkins	
Authorized committee: Sherlena R Watkins for Metro Council District 5	
Agency requesting time (and contact information): <input checked="" type="checkbox"/> N/A	
Candidate's political party: Democratic	
Office sought (no acronyms or abbreviations): Metro Council District 5	
Date of election: 05/17/2022	<input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Dawn Elliott	
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(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).</p> <p>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</p>	

Candidate/Committee/Agency	Station Representative
Signature: 	Signature:
Name: Sherlena R Watkins	Name: Vivien Ogburn
Date of Request to Purchase Ad Time: 05/12/2022	Date of Station Agreement to Sell Time: 5/12/22