AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box) FEDERAL CANDIDA	ATE	☐ STATE/LOCAL CANDIDATE			
To Avail Themselve Window, Federal Ca					
Station and Location:			Date:		
Ι,				,	
being/on behalf of:				, a legally	
qualified candidate of the				political	
party for the office of:					
in the					
election to be held on:					
do hereby request station time as					
Broadcast Time of Day, Length Rotation or Package	Days	Class	Times per Week	Number of Weeks	
Total Charges:					

For programming that, in wh national importance," list the	ole or in part, "communicates a message relating matters below:	g to any political matter of
I represent that the payment	for the above described broadcast time has been	furnished by:
-	nounce the time as paid for by such person or enterentity is either a legally qualified candidate or a legally qualified candidate.	2
The name of the treasurer of	the candidate's authorized committee is:	
	me its political advertising policies, including: and other sales practices (not applicable to federal	
To Be Signe	ed By Candidate or Authorized	l Committee
Date	Signature	
То Ве	e Signed By Station Represent	tative
☐ Accepted	☐ Accepted in Part	☐ Rejected
Signature	Printed Name	 Title

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

`		r authorized committee) here in part) pursuant to this agre	eby certify that the programming ement:
	\Box does	\Box does not	
		te (check applicable box). I to an opposing candidate:	further certify that for the
(chec	ek applicable box)		
		e, the office being sought, an	statement by the candidate that d that the candidate has
	image of the candidate displayed printed state	e for a duration of at least for ment identifying the candida the candidate and/or the can	tifiable photograph or similar ar seconds, and a simultaneously ate, that the candidate approved adidate's authorized committee
	signa	ature of candidate or authorized c	committee
	prir	nted name	date

AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF CANDIDATE'S REQUEST)

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:			

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.