



## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

**FEDERAL CANDIDATE**

**STATE/LOCAL CANDIDATE**

**To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3**

<b>Station and Location:</b>	<b>Date:</b>
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I, \_\_\_\_\_,  
 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 follows:

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

<b>Total Charges:</b>
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For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

I represent that the payment for the above described broadcast time has been furnished by:

\_\_\_\_\_

and you are authorized to announce the time as paid for by such person or entity.  
I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

\_\_\_\_\_

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional 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.** "

***To Be Signed By Candidate or Authorized Committee***

\_\_\_\_\_

Date Signature

***To Be Signed By Station Representative***

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:**

I, \_\_\_\_\_  
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

**does**                       **does not**

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

- the **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.
- the **television** programming 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.

\_\_\_\_\_  
signature of candidate or authorized committee

\_\_\_\_\_  
printed 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.**

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b>	<b>Date:</b>
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I, \_\_\_\_\_  
do hereby request station time concerning the following issue:

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

**Total Charges:**

This broadcast time will be used by: \_\_\_\_\_

**Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"**

**Yes**
                         
  **No**

For programming that “communicates a message relating to any political matter of national importance,” list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

For programming that “communicates a message relating to any political matter of national importance,” attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

a corporation;  a committee;  an association;  or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney’s fees, that may ensue from the broadcast of the above-requested advertisement(s). **For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least \_\_\_\_\_ before the time of the scheduled broadcasts.**

***TO BE SIGNED BY ISSUE ADVERTISER***

\_\_\_\_\_  
Date Signature Contact Phone Number

***TO BE SIGNED BY STATION REPRESENTATIVE***

Accepted  Accepted in Part  Rejected

\_\_\_\_\_  
Signature Printed Name Title

## AGREED UPON SCHEDULE

**For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance**

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.**