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

Station and Location:	**Date:**

I, STRATEGIC MEDIA PLACEMENT,

being/on behalf of: CANDICE MILLER FOR MACOMB, a legally

qualified candidate of the REPUBLICAN political

party for the office of: MACOMB COUNTY PUBLIC WORKS COMMISSIONER

in the GENERAL

election to be held on: 11/8/16

do hereby request station time as follows:

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

Total Charges:

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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:

CANDICE MILLER FOR MACOMB

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:

DONALD G MILLER

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

9/19/16
Date

Signature

To Be Signed By Station Representative

☑ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Sarah Fuller
Signature

Sarah Fuller
Printed Name

Political Manager
Title

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CANDIDATE CERTIFICATION

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

I, STRATEGIC MEDIA PLACEMENT
(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.

A. S

signature of candidate or authorized committee

ADAM SHAW
printed name

9/19/16
date

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