

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, JODI G. JELODOV, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

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FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

JODI JELODOV

Authorized committee:

Agency requesting time (and contact information):

☒

N/A

Candidate's political party:

NPA/INDEPENDENT

Office sought (no acronyms or abbreviations):

FLORIDA GOVERNOR

Date of election:

11/08/2022

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

JODI G. JELODOV

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

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the candidate listed above who is a legally qualified candidate, or

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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: JODI JELODOV

Name:

Date of Request to Purchase Ad Time:

7/14/22

Date of Station Agreement to Sell Time: