

1772772

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:

WKCF-TV Orlando, FL

Date:

7-16-18

I, TAMMIE WINGROVEbeing/on behalf of: ASHLEY MOODY FOR ATTORNEY GENERALa legally qualified candidate of the REPUBLICANpolitical party for the office of: ATTORNEY GENERALin the PRIMARYelection to be held on: AUGUST 28, 2018

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
		7/24/18- 7/30/18			

Attach proposed schedule with charges (if available):

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

Ashley Moody For Attorney General

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:

Nancy Watkins

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

7/12/18
Date

☒ Ashley Moody
Signature

To Be Signed By Station Representative

☒ Accepted
Eric Broom
Signature

☐ Accepted in Part
ERIC BROOM
Printed Name

☐ Rejected
NSM
Title

FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

1. Ashley Moody

(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.



Ashley Moody

signature of candidate or authorized committee



Ashley Moody

printed name

7/12/18

date



Client Information Form
CANDIDATE

Candidate Name:	<u>Ashley Moody</u>
Official Campaign Name:	<u>Ashley Moody for Attorney General</u>
Office/District Running for:	<u>Attorney General</u>
Campaign Address:	<u>301 W. Platt Street #653</u>
City, State & Zip Code:	<u>Tampa, Florida 33606</u>
Campaign Phone:	<u>850-205-2022</u>
Campaign Website URL:	<u>www.electashleymoody.com/</u>
Campaign Contact Person:	<u>Marc Reichelderfer</u>
Campaign Treasurer:	<u>Nancy Watkins</u>

Please complete all sections of this form. Media outlets may not accept advertising if required information is omitted.