

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:
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I, Tammie Wingrove,
 being/on behalf of: Friends of David Jolly,
 a legally qualified candidate of the Republican
 political party for the office of: Congress
 in the Primary
 election to be held on: January 14, 2014

do hereby request station time as follows:

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

Attach proposed schedule with charges (if available): **Gross**

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

Friends of David JOIN

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

21 Nov 2013 D. J. Ly
Date Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

Signature Printed Name Title

FEDERAL CANDIDATE CERTIFICATION

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

I, FRIENDS OF DAVID JOLLY
(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.

Dr Jolly

signature of candidate or authorized committee

DAVID W. JOLLY

21 Nov 2013

printed name

date



Political Client
Information Request Form

Candidate Name: David Jolly

Official Campaign Name: Friends of David Jolly

Address: P.O. Box 1158

City, State & Zip Code: Indian Rocks Beach, FL 33785

Campaign Phone: 850-205-2022

Campaign Fax: 850-577-1970

Campaign Contact Person: Marc Reichelderfer

Campaign Treasurer: Nancy Watkins