

Political

Broadcast Agreement Date 10 03/16	
Candidate DeBRA S. WRIGHT Political Party DemocRATIE	
() Legally Qualified () Other	
Office Sought STATE SENATOR Election Date NOV. 8, 2016	
HEREBY REQUESTS STATIONS TIMES AS FOLLOWS	
BROADCAST LENGTH HOUR DAYS TIMES DED WEDLY	TOTAL
TOTAL CHARGES S \$ 840.00 DATE OF LAST BROADCAST NOV.	8
1. Advance payment for the above time will be paid by: Debta S. Wright for SHITE SE. Station is authorized to	WATER DIST, 22
furnishing payment is: () Committee () Association () Corporation () Other	ne entity
Telephone Number of Treasurer (863) 688-2/23	
Names and Officers of Entity	
2. I agree to indemnify and hold harmless the station for any damages or liability that may ensue from the posterior the above stated broadcast. I also agree to provide the station with a script or a recording, which will be designed by the station at least 24 hours before the time of scheduled bradcast. (Note: This paragraph 2 is not applicable in personally using the time.)	erformance elivered to f candidate
3. It is agreed that he use of the station for the above stated purposes will be governed by the Communication 1934, as amended and the rules of the Federal Communications Commission	s Act of
Submitted By: Debra S. Wright Debra S. Wright (Print) Signature)	+
Person Making Request (circle one) Candidate Agent/Agency Supporter (Accepted) (Rejected) By	
Station Representative	
Please note, this request, whether accepted or rejected, will be available for public inspection for a p two yeas in accordance with section 73.1943 of the rules of the Federal Communications Commission	eriod of
Schedule Run / Affidavit will be attached after run Date Placed in Political File //-/0-/6 Station Employee Placing in Political File OF TISHEN	

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Date Date Date of the Party of
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Anscombe Broadcasting Group, Ltd. 249-0091

665 Lake Howard Drive S.W. Winter Haven, Florida 33880 Phone: (863) 295-9411 Fax: (863) 401-9365 WSIR-AM ADVERTISING CONTRACT Contact Person: DEMAS. WRIGHT 75 GERBER LANG KORD Contact Phone #: 863 **Order Date** Account Rep: **Physical Address:** (if different from mailing) Billing Method (circle one): Event Package Broadcast Month (4 weeks) Other **Flight Information** End Date: Start Date: Political **Type of Broadcast:** Religious Program Commercials Schedule of Broadcast Total **Total Per** Rate Wed Thu Fri Sat Sun Cost **Time Period** Mon Tue Weeks Length Week Weekly Total Cost Per Broadcast Month #840.00 Cost Per Week PAID IN FULL CAK-#127 Additional Instructions: POLITICAL

For Advertiser

For Station