CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.		
Ben Rheault	, hereby request station time as follows:	
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE	
ALL QUESTIONS/BLOCKS MUST BE COMPLETED		
Candidate name: Bill Kramer Authorized committee: Bill Kramer for Naples City Council Agency requesting time (and contact information): Strategic Media Services; 4601 N Fairfax Dr. Suite 7 Candidate's political party: Republican Office sought (no acronyms or abbreviations): Naples City Council Date of election: 3/19/24 Treasurer of candidate's authorized committee:	730 Arlington, VA 22203 General Primary	
Shanna Justice		
The undersigned represents that: (1) the payment for the broadcast time requested has been furnished by (check one box below): the candidate listed above who is a legally qualified candidate, or 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 (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.		
Candidate/Committee/Agency	Station Representative	
Signature: Ben Rheault Digitally signed by Ben Rheault Date: 2024.03.05 13:43:36 -05:00* Name: Ben Rheault	Signature: Name: Keyin W Lenny	
Data of Paguest to Purchase Ad Time: 2/5/24	Date of Station Agreement to Sell Time: 2/5/2 4	

to an opposing candidate or, if it does, (2 for a duration of at least four seconds and the candidate approved the broadcast ar	e broadcast matter to be aired pursuant to contains a clearly identifiable photograpl d a simultaneously displayed printed state and that the candidate and/or the candidate ains a personal audio statement by the can didate has approved the broadcast.	n or similar image of the candidate ment identifying the candidate, that e's authorized committee paid for the
Candidate/Authorized Committee/A	Agency	
Signature:		
Name:		
Date:		
ТО	BE COMPLETED BY STATION OF	NLY
Ad submitted to Station? Yes	No	
Date ad received: 3 (1)2	4	
Federal candidate certification signed (above): Yes No N/A		
Disposition: Accepted Accepted IN PART (e.g., ad copy Rejected – provide reason:	not yet received to determine sponsor ID	, *)*
*Upload partially accepted form, then promptly upload updated final form when complete.		
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag): TSCI! KCC0301241H 'Alert': 15		
Contract #: 3950785	Station Call Letters: WZVM-TV	Date Received/Requested:
Est. #: 11173	Station Location: FOLT MYCKS POPLES	Run Start and End Dates:
Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.		