

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Nick Hatcher, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

~~#~~ NICK Hatcher

Authorized committee:

Agency requesting time (and contact information):

N/A

Candidate's political party:

NPA

Office sought (no acronyms or abbreviations):

SHERIFF OF DIXIE COUNTY, FLORIDA

Date of election:

11/03/2020

General

Primary

Treasurer of candidate's authorized committee:

NICK HATCHER

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:

Nick Hatcher

Signature:

Dave Cobb

Name: NICK Hatcher

Name: DAVE COBB

Date of Request to Purchase Ad Time: 10/27/2020

Date of Station Agreement to Sell Time: 10/27/2020

**Federal Candidate Certification:**

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) 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 or if 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.

**Candidate/Authorized Committee/Agency**

Signature:

Name:

Date:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: 9/09/2020

**Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).**

AD VERSION #1 "DO THE JOB"

Federal candidate certification signed (above):  Yes  No  N/A

Disposition:

- Accepted
- Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)\*
- Rejected – provide reason:

\*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):

Contract #: <u>14232898</u>	Station Call Letters: <u>WPLK-FM</u>	Date Received/Requested: <u>10/27/2020</u>
Est. #:	Station Location: <u>CROSS CITY, FL</u>	Run Start and End Dates: <u>10/30 - 11/03/2020</u>

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.

# Sales Order

Station: WPLL-FM Buyer: \_\_\_\_\_  
 Contract Name: Final Week Tax Schedule: \_\_\_\_\_ (None)  
 Contract#: 14232898 Agency Commission %: 0  
 Start Date: 10/30/20 End Date: 11/03/20 Billing Cycle: Calendar  
 Revenue Type: POLITICAL LOCAL Type: Cash Salesperson: 1407kbal Comm %: 16  
 Advertiser: NICK HATCHER DIXIE CO. SHERIFF Makegood Policy: Within Contract Dates  
 Address: 42 SE 18th AVE  
 City: CROSS CITY State: FL Zip: 32628  
 Phone: (352) 356-3697  
 Product Name: Final Week  
 Competitive Code: POLITICAL LOCAL

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							RATE	TOTALS		PTY		
	START	END		START	END		M	T	W	T	F	SA	SU		Per Wk	D/W		SPOTS	\$\$
1	10/30/20	11/03/20		6:00 AM	7:00 PM	30	10	10			10	10	10	50	D	10.00	50	500.00	4
Dix Co Sheriff Can																			

Billing Projections: By Month

	Oct 20	Nov 20
CA	200.00	300.00
ST	0.00	500.00

Print Spot Prices

TOTAL SPOTS ..... 50  
 GROSS TOTAL \$ ..... 500.00  
 ADJUSTED SPOTS ..... 50  
 ADJUSTED TOTAL \$ ..... 500.00

APPROVE DECLINE

- General Manager
- Sales Manager
- WRZN Sales Manager
- 1407ssex, 10/27/20 @11:21AM