

## 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:**

WJLA - TV Washington, DC

**Date:**

06/09/2014

I, Devon Prescod,being/on behalf of: Gansler, Doug, a legallyqualified candidate of the Democratic politicalparty for the office of: Maryland Governorin the Primaryelection to be held on: 06/24/2014

do hereby request station time as follows:

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

**SEE ATTACHED**Date of First Broadcast: 06/4/2014Date of Last Broadcast: 06/10/2014**Total Charges: \$\*\*\*\*\***82,118

For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

Doug Gansler for MD Governor

**SEE ATTACHED**

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

Friends of Doug Gansler

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:

McLane, Jeanne, Treasurer

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***

06/04/2014

Date



Signature

***To Be Signed By Station Representative***

☒ Accepted

☐ Accepted in Part

☐ Rejected

Barbara Monares B. Monares

Signature

Printed Name

AE

Title

