

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(Check applicable Box) FEDERAL CANDIDATE			£	STATE/LOCAL CANDIDATE		
To Ava	il Themselves o Federal Cand	f the Lowest Un idates Must Sig	it Charge l n the Certif	During a Political Vication On Page 3	Vindow,	
Station and Location: WAVS 1170 AM / DAVIE,FL			Date: 4/10/2024			
being / on behalf	of:	FORRE	FORRES	7	,	
a legally qualified for the office of:	candidate of the	ix Csllec	Enoch	ATIC	political party	
in the BROLIARD GUNTY FLORIDA election to be held on: AUGUST 20, 2024 do hereby request station time as follows:						
Broadcast Length	Time of Day, Rotation , or Package	Days	Class	Times/Per Week	Number of Weeks	
5 mins.	3-30 PM 4:40	Saturdays			17 WEEKS	
Tatal Champan			.7.	BE PAID ON	A	
Total Charges: \$ 125.00 PEK WEEK				MONTHLY BASIS.		

For Programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:
I represent that the payment for the above described broadcast time has been furnished by: CAMPAION TO EKCT DWIGHT FOILEST
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:
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). I further acknowledge that I have read and fully understand the station's "Advertising Political Disclosure Statement."
To Ro Signed Pro Condidate and All to 10
Date Date Date Designed by Canadadte or Authorized Committee Date Date Date Date Designed by Canadadte or Authorized Committee Signature
To Be Signed By Station Broker
Date Print Signature
To Be Signed By Station Representative
Accepted Accepted In Box
Accepted Accepted In Part Rejected L/-15-24 Date Signature Title

AFTER AIRING BROADCASTS

Attach invoices or Schedule Run Summary to this form showing the following:

- Actual air time and charges for each spot;
- The date, exact times, and reason for Make-Goods, if any.
- The amount of rebates given (identify exact date, time, class of broadcast, and dollar amount)