



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: WAVS 1170 AM / DAVIE, FL

Date:

3/6/24

I, ELIZABETH BURNS,
being / on behalf of: myself,
a legally qualified candidate of the NON-PARTISAN political party
for the office of: MAYOR
in the CITY OF PENSACOLA PINES
election to be held on: MARCH 19, 24 do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation, or Package	Days	Class	Times/Per Week	Number of Weeks
35 sec.	3p-6p 7p-10p	T, W, Th, F SAT	—	10	1

Total Charges:

\$400

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:

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 Be Signed By Candidate or Authorized Committee

_____	_____ / _____	_____
Date	Print	Signature

To Be Signed By Station Broker

_____	_____ / _____	_____
Date	Print	Signature

To Be Signed By Station Representative

☐ Accepted

☐ Accepted In Part

☐ Rejected

_____	_____	_____
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)

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:

ELIZABETH BURNS CAMPAIGN

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:

Michelle BURNS

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 Be Signed By Candidate or Authorized Committee

3/6/2024

ELIZABETH BURNS

[Signature]

Date

To

Print

Signature

To Be Signed By Station Broker

3-6-24

[Signature]

[Signature]

Michael Brown

Date

Print

Signature

To Be Signed By Station Representative

☐ Accepted

3-7-24

Date

☒ Accepted In Part

[Signature]

Signature

☐ Rejected

Station Mgr.

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)

- The amount of rebates given (identify exact date, time, class of program, and dollar amount)
- The date, exact time, and reason for MakeGood, if any.
- Actual air time and charges for each spot.

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

AFTER AIR/ CERO/BCAST

Date _____ Signature _____ Title _____

☐ Accepted ☐ Rejected

To Be Signed By Station Representative

Date _____ Signature _____

To Be Signed By Station Broker

Date _____ Signature _____

This station has disclosed to me its policies regarding political advertising, 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 "Advertiser's Political Disclosure Statement."

The name of the candidate's authorized committee is:

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 approved committee organization of the legally qualified candidate.

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

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



CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive the **Lowest Unit Charge During a Political Window, The Following Certification is required:**

I, Elizabeth Burns

(Name of Federal Candidate or authorized Committee)

hereby certify that the programming to be broadcast (in whole or part) pursuant to this agreement:

☐ does

☒ does not

refer to an opposing candidate (Check applicable box). I further certify that for the programming that does refer to an opposing candidate, the 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.

[Signature]

Elizabeth Burns

3/6/2024

Signature of candidate or authorized committee

Printed Name of candidate or authorized committee

Date

AGREED UPON SCHEDULE

* TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF THE CANDIDATES REQUEST *

Broadcast Length	Time of Day, Rotation, or Package	Days	Class	Times/Per Week	Number of Weeks
35 SECS.		TUE, WED Thurs FRI. SAT.		10	1

Total Charges:

\$400 —

AFTER AIRING BROADCASTS

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- The amount of rebates given (identify exact date, time, class of broadcast, and dollar amount)

