Product 1/2

Advertiser Ref

CONTRACT



WJAN 13001 NW 107th Ave Hialeah Gardens, FL 33018 (305) 592-4141

And:

Kevin Menendez Macki Campaign 16420 Stonehaven Rd Miami Lakes, FL 33014

	Contract / Revision			Alt Order #		
	10415	1				
Advertiser			<u>O</u> r	iginal Date	/ Revision	
Menendez Macki, Kevin/	MDC School E	Board E	(08/22/22	/ 08/22/22	
Contract Dates	Estimate #					
08/22/22 - 08/22/22						
Product	•			<u> </u>		
	Billing Cycle	Billing	Cal	<u>endar</u>	Cash/Trade	
	EOM/EOC	Broadcast		:	Cash	
	Property	Account Executive		xecutive	Sales Office	
	WJAN	Barbara Guerra		Suerra	America CV Mia	
	Special Hand	ling				
	Demographic					

Advertiser Code

Households

Agy Code

Agency Ref

*Line Ch Start Date End Date Description	Start/End Time	Days	Spots/ Length Week	Rate	TypeSp	oots	Amount
N 1 WJAN 08/22/22 08/22/22 M-F 4p-5p <u>Start Date</u> <u>End Date</u> <u>Weekdays</u> <u>Spots/Week</u> Week: 08/22/22 08/28/22 M 1	4:00 PM-5:00 PM <u>Rate</u> \$500.00		:30		NM	1	\$500.00
N 2 WJAN 08/22/22 08/22/22 M-F Start Date End Date Weekdays Spots/Week Week: 08/22/22 08/28/22 M 1	7:00 PM-8:00 PM <u>Rate</u> \$600.00		:30		NM	1	\$600.00
		Totals				2	\$1,100.00

Time Period	# of Spots	Gross Amount	Agency Comm.	Net Amount
08/01/22 -08/22/22	2	\$1,100.00	(\$165.00)	\$935.00
Totals	2	\$1,100.00	(\$165.00)	\$935.00

A 1 .	. .
Signature:	Date:

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.				
I, KEVIN MENENDEZ MACKI	hereby request station time as follows:			
DENTIFY CANDIDATE TYPE	ERAL CANDIDATE TE OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCK	KS MUST BE COMPLETED			
Candidate name:				
KEVIN MENENDEZ MACKI				
Authorized committee:				
Agency requesting time (and contact information):				
✓ N/A				
Candidate's political party:				
Office sought (no acronyms or abbreviations): MIAMI DADE SCHOOL BOARD - DIST 4				
Date of election: 8/23/2022	General Primary			
Treasurer of candidate's authorized committee:				
The undersigned represents that:				
(1) the payment for the broadcast time requested has been fu	ırnished by (check one box below):			
the candidate listed above who is a legally qualified ca	andidate, 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 DIS IN THE PLACEMENT OF ADVERTISING.	CRIMINATION ON THE BASIS OF RACE OR ETHNICITY			
Candidate/Committee/Agency	Station Representative			
Signature:	Signature: Chillia Herrous			
Name: Kevin Menendez Machi	Name: Janessa Hernandel			
Date of Request to Purchase Ad Time: 08-22-2022	Date of Station Agreement to Sell Time:			

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 OF	NLY			
Ad submitted to Station? Yes	s No Date ad received:	8100-20			
Note: Must have separate PB-19 For	ms for each version of the ad (i.e., for e	every ad with differing copy).			
Federal candidate certification signed (al	pove): 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 #:	Station Call Letters:	Date Received/Requested:			
Est. #:	Station Location: Halean Cardons	Run Start and End Dates:			
use this space to document schedule of t purchased or attach separately. If station	affic system print-out) or other documents ime purchased, when spots actually aired, will not upload the actual times spots aired t information immediately should be placed	the rates charged and the classes of time I until an invoice is generated, the name			