



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: 4/18/2024

I, STANLEY JEAN-POIX
 being / on behalf of: STANLEY JEAN-POIX
 a legally qualified candidate of the DEMOCRATIC political party
 for the office of: STATE REPRESENTATIVE DISTRICT 107
 in the MIAMI-DADE COUNTY
 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	6-7 pm	Tuesday		1	18
5 mins	2-3	Thursday		1	18

Total Charges: \$ 2800.00

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

[Empty rectangular box for listing matters of national importance]

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

CAMPAIGN TO ELECT STANLEY JEAN-POIX

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:

STANLEY JEAN POIX

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

4/18/24

Date

STANLEY JEAN-POIX

Print

S. Jean Poix

Signature

To Be Signed By Station Broker

4/18/24

Date

Hubert Campbell / Hubert Campbell

Print

Signature

To Be Signed By Station Representative

Accepted

4-24-24

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)