

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, Willis Howard hereby request station time as follows:

IDENTIFY CANDIDATE TYPE FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Willis Howard

Authorized committee: _____

Agency requesting time (and contact information):
 N/A

Candidate's political party:
Democrat

Office sought (no acronyms or abbreviations):
Supervisor of Elections (Miami-Dade County)

Date of election: August 20, 2024 General Primary

Treasurer of candidate's authorized committee:
Renee Williams

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

the candidate listed above who is a legally qualified candidate, 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 DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency	Station Representative
Signature:	Signature: _____
Name: <u>Willis Howard</u>	Name: _____
Date of Request to Purchase Ad Time: <u>1/15/2024</u>	Date of Station Agreement to Sell Time: _____