

## 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: _____