CANDIDATE ADVERTISEMENT AGREEMENT FORM

J, Edward K. Morales	parges. See Invoice for actual schedule and charges.
	hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE
ALL QUESTIONS/B	SLOCKS MUST BE COMPLETED
Candidate name: Edward K. Morales	
Authorized committee: Edward K. Morales Candidate	The professional and the second of the second secon
Agency requesting time (and contact information):	
Candidate's political party: Republican	er in an income a surface and
Office sought (no acronyms or abbreviations): Porter County Commissioner	
Date of election: Tuesday May 7, 2024	General Primary
Treasurer of candidate's authorized committee: Deborah L. Ward	
	ed candidate, or candidate listed above; d for by such person or entity; and
andidate/Committee/Agency	Station Representative
ignature:	Signature: Shunder J Russ
ame: Edward K. Mortles	Name: Discourse of the state of
ate of Request to Purchase Ad Time: $3/22/24$	Date of Station Agreement to Sell Time: 3/29 ben 4

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:									
ТО	BE COMPLETED BY STATION OF	NLY							
Ad submitted to Station? Yes No Date ad received: Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).									
Federal candidate certification signed (above): 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: WLJE-FM	Date Received/Requested: 3/29/2024							
Est. #: N/A	Station Location: VALPARAISO, IN	Run Start and End Dates: 4/30/24-5/7/24							
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 information immediately should be placed	the rates charged and the classes of time d until an invoice is generated, the name							

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WLJE	WX8	V	ZVN								õ		
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New Order:	Name of the last o		e isoloose Markinik						Х	WLJE 105.8	FM - Country		
Supercedes Contract:	42. 828.46			-					**********	WXRD 103.	FM - Classic		
Start Date:		4.30.24	*****************	***					mak .	anno.	FM - Adult C		
End Date:	5.7.24											uniporary	
Advertiser:	FD N	MORALES 4 P	cco	B.EB.E	een	NI C		Г	Ch	oose Option			
Agency:		NOTOTELO 4 F	000	(91191	OOI	JINE	-R	- -	<u> </u>	Announce		Contract #	
Address:	***************************************							- -				Account #	
City/State/Zip:	***************************************	***************************************	***************************************			****		- -		Remit Inve		Cart#	
Contact Person:	-							- -	Stan	dard Broado	ast Month		
Telephone:	***************************************	ED MC	RALE	S	***************************************				Monthly Invoice			Choos	se Options Below:
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Log Listing:		***************************************	,		oli bir i bi bir ana	vicinities (Local
Competing Products:	***************************************			romania.				. L		Market State of the State of th			Cash
Package/Program:	***************************************								Option	s for Makegood	listed below:		
Со-ор		77.0								Ask Salespe	rson		
Affidavit:					*********	***************************************	**********						
Times Only:				*********	ionineletor,	************			***********************			L	
Sales Person	MEGA	N O'BRIEN	***************************************		***************	***************************************					:		
Notes to Traffic& Accounting: Estimate													
Dates to run	L	Day Part	M	Т	W	Th	F	Sa S	u Sec	7	Net Rate	WKS	
4.30.24-5.3.24	30	6A-10A		-1	4	1	2						Net Total
4.30.24-5.3.24	30	10A-3P		1	2	1	1		_		\$40.00	1	\$200.00
4.30.24-5.3.24	30	3P-7P		1	1	2	1				\$40.00	1	\$200.00
	30	31-41			-		1				\$40.00	1	\$200.00
5.6.24-5.7.24	30	6A-10A						_			\$0.00		\$0.00
5.6.24-5.7.24		***************************************	2	2							\$40.00	1	\$160.00
	30	10A-3P	2	2	-	-		_			\$40.00	1	\$160.00
5.6.24-5.7.24	30	3P-7P	2		-						\$40.00	1	\$80.00
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										Unit Total	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Gross To	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00