


# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Ruben Gonzales, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Ruben Gonzales

Authorized committee:

Ruben Gonzales Campaign

Agency requesting time (and contact information):

N/A

Ruben Gonzales

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

San Patricio County Commissioner Precinct Three

Date of election:

May 28, 2024

General

Primary

Treasurer of candidate's authorized committee:

John Sanchez

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:

Ruben Gonzales

Signature:



Name:

Ruben Gonzales

Name:

Aramis Acevedo

Date of Request to Purchase Ad Time:

5/8/24

Date of Station Agreement to Sell Time:

5/8/24

**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:

*Ruben Gonzales*

Name:

*Ruben Gonzales*

Date:

*5/08/2024*

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?

Yes

No

Date ad received:

*5/0/24*

**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 #:

*103*

Station Call Letters:

*KEYS*

Date Received/Requested:

*5/0/24*

Est. #:

Station Location:

*Corpus Christi*

Run Start and End Dates:

*5/13 - 5/28*

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

*M-F 6a-10a 4x day - AB total @ \$10*

*\$ 480*

Malkan Interactive Communications  
 dba KEYS/KKBA/KZFM  
 2117 LEOPARD  
 CORPUS CHRISTI, TX 78408  
 361-883-3516

Order #: **4812-00002**  
 Description: RG Comm  
 Date Entered: 5/8/2024  
 P.O.#:  
 Salesperson: ACEVES, ARAMIS  
 Invoice Frequency: Billed at end of Cal/EOS, Sorted by Date  
 Phone/Fax: 361.533.2534

RUBEN GONZALES CAMPAIGN (L)  
 Attn: RUBEN GONZALES  
 3614 ANGELITA DR  
 ODEM, TX 78370

**On-Air Schedule**

Start Date	End Date	Station	Scheduled Time/Event	Repeated	Length	Qty	Rate	Total	M	Tu	W	Th	F	Sa	Su
1 5/13/2024	5/28/2024	KEYS-AM	06:00:00a to 10:00:00a	CUSTOM	:30	48	10.00	480.00	Y	Y	Y	Y	Y	N	N
5/13/2024	5/19/2024					20	10.00	200.00	4	4	4	4	4	0	0
5/20/2024	5/26/2024					20	10.00	200.00	4	4	4	4	4	0	0
5/27/2024	5/28/2024					8	10.00	80.00	4	4	0	0	0	0	0

**Order Start Date: 5/13/2024    Order End Date: 5/28/2024    Spots: 48    Total Charges: \$480.00**

KEYS, KKBA and KZFM does not discriminate in the sale of advertising time, and will accept no advertising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Advertiser hereby certifies that it is not buying broadcasting air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race, gender, national origin, or ancestry.

**Projected Calendar Month/End-Of-Schedule Billing Totals for RUBEN GONZALES CAMPAIGN (L) / 4812-00002 :**

Month	Year	Spot Count	Net Billing
May	2024	48	\$480.00

Confirmed & Accepted for Malkan Interactive Communications By: \_\_\_\_\_

Accepted for RUBEN GONZALES CAMPAIGN (L) By: \_\_\_\_\_

Please Sign and Return One Copy

# ACCOUNT FORM

GSM APPROVAL: \_\_\_\_\_ (MUST BE SIGNED BEFORE TURNING INTO TRAFFIC)

DATE: 5/8 TIME: Am ACCOUNT EXECUTIVE: Arcelet.

ACCOUNT NAME TO BE REMOVED: \_\_\_\_\_

(REASON FOR REMOVAL): \_\_\_\_\_

OR  
NEWLY ASSIGNED/CLAIMED ACCOUNT NAME: Ruben Gonzales

(ACCOUNT REP TO BE REMOVED FROM): \_\_\_\_\_

PRIMARY STATION:  KEYS  KKBA  KZFM  
(Circle one)

THE INFORMATION BELOW MUST BE COMPLETE IN ORDER TO CLAIM A 'NEW' ACCOUNT.

TYPE OF BUSINESS: Political

PRODUCT CODE (use words, not number): San Pat County Commissioner P 3

ADDRESS: 3614 Angelita Dr

CITY: Odem STATE: Tx ZIP: 78370

CONTACT NAME: Ruben Gonzales TITLE: \_\_\_\_\_

PHONE NUMBER: 361 533 2534 FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: hauerduhames.warranty@gnrtd.com ABER: \_\_\_\_\_

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

All information must be completed for 'new' and/or 'claimed' accounts.  
Retain a file copy or request one from the business office at any time.  
Revised 8/07/08 A.P.G.. (earlier versions not valid)

4/8/08