Teleonce Political Public File Legally Qualified Candidate Advertisement

What is the name of the legally-qualified candidate? DR. CARLOS RODRIGUEZ MATEO What office is the candidate running for? SENADOR What is the date of the election? JUNE 2, 2024 The election is a: x□ primary □ general election □ special election □ run-off election What is the name, address, and phone number of the contact person for the candidate and/or the candidate's authorized committee? Name: DR. CARLOS RODRIGUEZ MATEO Agency: FIFTYONE, LLC Address: HOSTOS 466 EL VEDADO SAN JUAN, PR 00918 Phone number: (787) 250-5555 What is the name of the Treasurer of the candidate's authorized committee?

Name: DORA LOPEZ FONSECA

Phone number: (787) 214-3150

Did the candidate or authorized committee submit a copy of NAB PB-19 with the ad?*

If this a federal candidate, did the candidate certify on PB-19 that he or she would not refer to an opposing candidate unless her or she complied with the "enhanced disclosure" requirements (see candidate section of form, at page 3)?

| Disposition of Request: |
|--|
| Disposition of request. |
| □x granted □ denied (reason) □ withdrawn (reason) □ other (describe) |
| |
| Name of Teleonce Employee Completing Form: |
| |
| Reinaldo Quinones |
| |
| |

^{*}Teleonce must post a complete Form PB-19, or a form with equivalent information, in connection with any candidate <u>ad</u> buy. <u>Teleonce</u> also must post the final order or invoice demonstrating when the ads <u>actually aired</u>.

CANDIDATE ADVERTISEMENT AGREEMENT FORM

| See Order for proposed schedule and charges. See Invoice for actual schedule and charges. | | | | | | |
|---|---|--|--|--|--|--|
| I, KEILA DIAZ | , hereby request station time as follows: | | | | | |
| | | | | | | |
| IDENTIFY CANDIDATE TYPE | RAL CANDIDATE | | | | | |
| ✓ STATE | OR LOCAL CANDIDATE | | | | | |
| ALL QUESTIONS/BLOCKS MUST BE COMPLETED | | | | | | |
| Candidate name: | | | | | | |
| DR. CARLOS RODRIGUEZ MATEO | | | | | | |
| Authorized committee: | | | | | | |
| DR. CARLOS RODRIGUEZ MATEO | | | | | | |
| Agency requesting time (and contact information): | | | | | | |
| VA FIFTYONE, LLC | | | | | | |
| Candidate's political party: PNP | | | | | | |
| Office sought (no acronyms or abbreviations): SENADOR | | | | | | |
| Date of election: JUNE 2, 2024 | General ✓ Primary | | | | | |
| Treasurer of candidate's authorized committee: | | | | | | |
| DORA LOPEZ FONSECA | | | | | | |
| The undersigned represents that: | | | | | | |
| (1) the payment for the broadcast time requested has been fur | nished by (check one box below): | | | | | |
| the candidate listed above who is a legally qualified car | ndidate, 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: KDS | Signature: | | | | | |
| Name: KEILA DIAZ | Name: | | | | | |
| Date of Request to Purchase Ad Time: | Date of Station Agreement to Sell Time: | | | | | |

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/A | 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 (ab | ove): 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: WLIIT-TV | Date Received/Requested: | | | | |
| Est. #: | Station Location: PUERTO RICO | Run Start and End Dates: | | | | |
| 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. | | | | | | |

CONTRACT



And:

FiftyOne, LLC PO Box 368051 San Juan, PR 00936-8051

| | Contract / Revision | | | Alt Order# | | |
|--------------------------|---------------------------|-------------------|-----|---------------|------------------|--|
| | 144683 | I | | | | |
| Advertiser | | | Ori | iginal Date / | Revision | |
| Comite Dr. Carlos Rodrig | uez Mateo | | 0 | 5/07/24 | / 05/07/24 | |
| Contract Dates | Estimate # | | | | | |
| 05/08/24 - 05/31/24 | | | | | | |
| Product | | | | | | |
| Primarias 2024 | | | | | | |
| Order Brand | Billing Cycle | Billing | Cal | endar | Cash/Trade | |
| Various | EOM/EOC | Calendar | | | Cash | |
| | Property | Account Executive | | | Sales Office | |
| | WLII | Rey Quinones | | | Local-Puerto Rio | |
| | Special Handl | ing | | | | |
| | Demographic Households | | | | | |
| | | | | | | |
| | | | | | | |
| | Agy Code | Advert | ser | | Product 1/2 | |
| | Agency Ref 4795 | | | Advertiser | Ref | |

| | | | Start | End | | Spots/ | | | | |
|------------------|-------------|-----------------|------------|------------|------|-------------|------------|-------|------|-------------|
| *Line Ch Start I | Date End D | ate Description | Time | | Days | Length Week | Rate PCode | TypeS | pots | Amount |
| N 1 WLII 05/08/ | /24 05/08/2 | 24 M-F 6:30p-7 | р 6:30р | -7p | | :15 | P-04 | NM | 1 | \$1,250.00 |
| Start Date | End Date | Weekdays | Spots/Week | Rate | | | | | | |
| Week: 05/06/24 | 05/12/24 | 1 | 1 | \$1,250.00 | | | | | | |
| N 2 WLII 05/14/ | | | | | | :15 | P-04 | NM | 3 | \$3,750.00 |
| Start Date | End Date | Weekdays | Spots/Week | Rate | | | | | | |
| Week: 05/13/24 | 05/19/24 | -1 | 1 | \$1,250.00 | | | | | | |
| Week: 05/20/24 | 05/26/24 | -1 | 1 | \$1,250.00 | | | | | | |
| Week: 05/27/24 | 06/02/24 | -1 | 1 | \$1,250.00 | | | | | | |
| N 3 WLII 05/09/ | /24 05/30/2 | 24 M-F 6:30p-7 | р 6:30р | -7p | | :15 | P-04 | NM | 4 | \$5,000.00 |
| Start Date | End Date | Weekdays | Spots/Week | Rate | | | | | | |
| Week: 05/06/24 | 05/12/24 | 1 | 1 | \$1,250.00 | | | | | | |
| Week: 05/13/24 | 05/19/24 | 1 | 1 | \$1,250.00 | | | | | | |
| Week: 05/20/24 | 05/26/24 | 1 | 1 | \$1,250.00 | | | | | | |
| Week: 05/27/24 | 06/02/24 | 1 | 1 | \$1,250.00 | | | | | | |
| | | | | | | Totals | | | 8 | \$10,000.00 |

| Time Period | # of Spots | Gross Amount | Agency Comm. | Net Amount |
|--------------------|------------|--------------|--------------|------------|
| 05/01/24 -05/30/24 | 8 | \$10,000.00 | (\$1,500.00) | \$8,500.00 |
| Totals | 8 | \$10,000.00 | (\$1,500.00) | \$8,500.00 |