CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.				
1, FELIPETERIGOS of	, hereby request station time as follows:			
IDENTIFY CANDIDATE TYPE	AL CANDIDATE OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCKS	MUST BE COMPLETED			
Candidate name:	:			
FELIPETRALGOYEL				
Authorized committee:				
THE Committee to ELECT FELIPE INRIGO	you for Supervisor Dirtier 3 2024			
Agency requesting time (and contact information):	V			
N/A				
Candidate's political party:				
NIA				
Office sought (no acronyms or abbreviations):				
Important Country Domes or Superivisors Distra	21473			
Date of election:	General X Primary			
MARCH 5, 2024				
Treasurer of candidate's authorized committee:				
EMILY McFADDIN P.O. BOX 1249	EcCourso, G & Szry			
The undersigned represents that:				
(1) the payment for the broadcast time requested has been furn	nished by (check one box below):			
the candidate listed above who is a legally qualified can	didate, or			
the authorized committee of the legally qualified candid	date listed above;			
(2) this station is authorized to announce the time as paid for b	y such person or entity; and			
(3) this station has disclosed its political advertising policies, inc and other sales practices (not applicable to federal candidat	- · ·			
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY			
Candidate/Committee/Agency	Station Representative			
Signature:	Signature:			
Name: Felipe IRUGEYN	Name: J. CARROLBUCKLY			
Date of Request to Purchase Ad Time: 2/17/24	Date of Station Agreement to Sell Time: 2/19/24			

Federal Candidate Certification:		
to an opposing candidate or, if it does, (2) for a duration of at least four seconds and) contains a clearly identifiable photog d a simultaneously displayed printed s nd that the candidate and/or the cand	statement identifying the candidate, that lidate's authorized committee paid for the
the office being sought and that the cano	lidate has approved the broadcast.	
Candidate/Authorized Committee/	Agency	
Signature:		
Name:		
Date:		
TO) BE COMPLETED BY STATION	NONIY
Ad submitted to Station? Ye	s No Date ad rece	ived: 2/16/24
Note: Must have separate PB-19 For	ms for each version of the ad (i.e.	, for every ad with differing copy).
	bove): Yes I	No N/A
Federal candidate certification signed (a	bove): les l	
Disposition:		
Accepted		
Accepted IN PART (e.g., ad cop	y not yet received to determine spon	sor ID)*
Rejected – provide reason:		
*Upload partially accepted form, then p	romptly upload updated final form w	hen complete.
Date and nature of follow-ups, if any (e.	a., insufficient sponsor ID tag):	
	g.,aa.,,eepeneer 12 -23,.	
	}	
Contract #:	Station Call Letters: KXO - FM	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates: /
	ELCCOTOS, CA	2/23/24 - 3/5/24
Upload order, this form and invoice (or	traffic system print-out) or other docu	ments reflecting this transaction to the OPIF or
purchased or attach separately. If statio	n will not upload the actual times spo	vaired, the rates charged and the classes of time ots aired until an invoice is generated, the name be placed in the "Terms and Disclosures" folder in
are or in.		

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