



PO BOX 368, HAGATNA, GUAM 96932
 T. +1 671.637.KUAM
 F. +1 671.637.9865

New Order **Revised/Add-On** **Info. Update**

Advertiser Name COMMITTEE TO RE-ELECT JOE S. SAN AGUSTIN
Address PO BOX 5223
 HAGATNA, GUAM 96932
Point of Contact ROSE MESA

Order Number JSSA24.T1
 Order Entry Date _____
 Customer PO # COPY
 Product Code _____

RECEIVABLES ACCOUNT
 ___ Cash ___ Trade ___ Other

ORDER DESCRIPTION

PRODUCTION INFORMATION
 Cart # Title: Length:

FOR INTERNAL PURPOSES ONLY

Media Consultant Christie San Agustin

Notary Required YES X NO _____
 Billing Per Spot X Package _____ Trade _____

pd. in full ck#519

Station	Inc Acct	Rate	Start Date	End Date	AbsTime/Prog. Event	Length	Spot Type	Cart #	M	T	W	TH	F	SA	SU	Per Wk	Total #	Total \$
TV8		\$264.50	7/29/2024	8/2/2024	KUAM NEWS	:30	1ST BREAK, 3RD SPOT		1	1	1	1	1				5	\$ 1,322.50
																		\$ -

MONTHLY TOTALS									SPECIAL INSTRUCTIONS						ORDER TOTALS			
Jan	Feb	Mar	Apr	May	June										Total Spots	5		
July	\$1,322.50	Aug	Sept	Oct	Nov	Dec										Total Dollars	\$ 1,322.50	

TV COMMERCIAL FORMAT: We ask that all commercials be formatted to originate in HD 1920x1080 and conform to a 4x3 pillar for Title Safe dimensions for graphics. These will be downconverted on our SD channels. Should a commercial spot be produced in SD, it should be formatted in 720x486 DI format resolution and will be upconverted on HD Channels (DOCOMO 608 and 611).

RESTRICTIONS: 48-hour deadline is KUAM's quality control to ensure that your advertisement airing meets the highest standards. If there is a rush, KUAM is not responsible for quality and standard concerns on behalf of the client.

PAYMENT IS DUE UPON RECEIPT OF NOTICE. In the event of cancellation of this contract prior to its scheduled expiration date and/or failure to remit payment of invoice[s] within 60 days of invoice date, all spots that have run prior to the cancellation date and/or schedules adhered to will be billed at the Rate Card. Client understands and agrees that a finance charge of 1.5% per month shall accrue on all accounts remaining unpaid one (1) month after invoice date. Client agrees to pay a USD\$25.00 service fee per returned check. If payment is not made as required, KUAM may, its option, without notice or demand payment, declare Client's credit account in default, in which case Client's entire balance[s] that are due and payable will be forwarded for collection. Client agrees to accept all consequences and to pay all costs, including attorney's fees, court fees, court costs and other expenses incurred as deemed necessary by KUAM to settle the account.

NON DISCRIMINATION CLAUSE: KUAM/Pacific Telestations, LLC does not discriminate on the basis of race or ethnicity in the placement, scheduling and completion of purchase of advertising. Any order for advertising that includes any such restriction will not be accepted.

[Signature]
 ACCEPTED BY CLIENT

Christie San Agustin
 ACCEPTED BY STATION

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Joe S. San Agustin, hereby request station time as follows:

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IDENTIFY CANDIDATE TYPE ➔ </div>	<input type="checkbox"/>	FEDERAL CANDIDATE
	<input checked="" type="checkbox"/>	STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Joe S. San Agustin	
Authorized committee: Committee to Re-Elect Joe S. San Agustin	
Agency requesting time (and contact information): <input checked="" type="checkbox"/> N/A	
Candidate's political party: Democrat	
Office sought (no acronyms or abbreviations): Guam Legislature / Senator	
Date of election: August 3, 2024	<input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Cathy B. Leon Guerrero	
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(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).</p> <p>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</p>	

Candidate/Committee/Agency	Station Representative
Signature:	Signature:
Name: Joe S. San Agustin	Name: Christie San Agustin
Date of Request to Purchase Ad Time: 05/01/24	Date of Station Agreement to Sell Time: 05/01/24

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:

Name:

Date:

TO BE COMPLETED BY STATION ONLY

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 #: JSSA24.T1

Station Call Letters: KUAM-TV

Date Received/Requested: 05/01/24

Est. #:

Station Location: DEDEDO, GUAM

Run Start and End Dates: 7/29-8/2/24

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.