\$775.00	8						
0.0	0	\$50.00				Indy 2 Qualifying	Sun 10:30-3:30p
0.0	0	\$125.00				Preakness Stakes	Sa 2-4p
0.0	0	\$200.00				Kentucky Derby	Sa 1-4p
0.0	0	\$50.00				SNL	Sa 11:30-1a
0.0	0	\$55.00				11p News	M-Th 11-11:35p
0.0	0	\$150.00				The Voice	Tu 8-10p
0.0	0	\$150.00				The Voice	M 8-10p
0.0	0	\$50.00				Family Feud	M-F 7:30-8p
0.0	0	\$100.00				Su News	Sun 6-6:30p
0.0	0	\$200.00			m.V	NBC Nightly News Sun	Sun 5:30-6p
0.0	0	\$100.00				Sa News	Sa 6-6:30p
0.0	0	\$200.00				NBC Nightly News Sa	Sa 5:30-6p
0.00	0	\$100.00				News	M-Th 7-7:30p
0.0	0	\$165.00				News	M-Th 6:30-7p
165.0	Д	\$165.00		Ь		News Full Hour	M-Th 6-7p
0.0	٥	\$165.00				News	M-Th 6-6:30p
0.0	0	\$275.00				<b>NBC Nightly News</b>	M-Th 5:30-6p
165.0	ы	\$165.00		Ь		News	M-Th 5-5:30p
0.0	0	\$20.00				Kelly Clarkson	M-F 4-5p
0.0	0	\$20.00				Dateline	M-F 3-4p
0.0	0	\$25.00				Noon News Update	M-F 12-12:03
30.0	2	\$15.00	Н	Д		Live with Kelly and Ryar	M-F 11a-12p
0.0	0	\$15.00				Today with Hoda	M-F 10-11a
0.0	0	\$35.00				Today Third Hour	M-F 9-10a
100.0	1	\$100.00	1			Today Show	M-F 7-9A
270.0	2	\$135.00	Ь	Ь		Sunrise News	M-F 6-7A
45.0	1	\$45.00		Ь		Sunrise News	M-F 5-6A
			5/21	5/20		KTVZ	
3ls	Ttl Spots Totals	Rate		Tues	Mon	Program	Time period
						24268	PHIL CHANG

## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.				
I, Phil Chang , hereby request station time as follows:				
i,, hereby request station time as follows:				
IDENTIFY CANDIDATE TYPE	RAL CANDIDATE			
STATE	E OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCKS MUST BE COMPLETED				
Candidate name:				
Phil Chang				
Authorized committee:				
Chang for Deschutes 20274				
Agency requesting time (and contact information):				
✓ N/A				
Candidate's political party:				
n/a				
Office sought (no acronyms or abbreviations):				
Deschutes County Commissioner				
Date of election:	General Primary			
may 21st, 2024				
Treasurer of candidate's authorized committee:				
Betsy Tucker				
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.				
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:	Signature: Augada Llattu			
Name: Phil Chang	Name: Alexardria Health			
Date of Request to Purchase Ad Time: April 17, 2024	Date of Station Agreement to Sell Time: 5 1727			

## **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.

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:				
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 (optional):  *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 #: 689549	Station Call Letters: FTVZ	Date Received/Requested:		
Est. #:	Station Location: Bend, 02 97703	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.				