

Confirmation



KGBB-FM
 Adelman Broadcasting Inc
 42010 50th Street West
 Quartz Hill CA 93536
 661-718-1552 ph 661-718-1553
 fax

Contract # 20616
Date Entered 02/09/24
Sales Person TREVOR HIBBERT
Billing Cycle Broadcast
Revenue Source LOCAL AGENCY
Revenue Type POLITICAL
Conflict 1 POLITICAL
Estimate # 115196
Contract 02/27/24 - 03/04/24

JUAN CARILLO FOR ASSEMBLY C/O GREENSTRIPE
 MEDIA
 C/O GREENSTRIPE MEDIA, INC.
 424 OLD NEWPORT BLVD NEWPORT BEACH CA 92663
 NEWPORT BEACH CA 92663

Date/Time	Schedule	Len	Avail Type	Rate	Qty	Total
02/27/24-03/01/24 6:00a-10:00a	5xTWThF All Weeks	01:00	COMMERCIAL	24.00	5	120.00
03/04/24-03/04/24 6:00a-10:00a	2xM All Weeks	01:00	COMMERCIAL	24.00	2	48.00
02/27/24-03/01/24 10:00a-3:00p	5xTWThF All Weeks	01:00	COMMERCIAL	24.00	5	120.00
02/27/24-03/01/24 3:00p-7:00p	5xTWThF All Weeks	01:00	COMMERCIAL	24.00	5	120.00
03/04/24-03/04/24 3:00p-7:00p	2xM All Weeks	01:00	COMMERCIAL	24.00	2	48.00
03/02/24-03/02/24 6:00a-7:00p	2xS All Weeks	01:00	COMMERCIAL	23.00	2	46.00
03/03/24-03/03/24 6:00a-7:00p	2xSu All Weeks	01:00	COMMERCIAL	23.00	2	46.00
03/04/24-03/04/24 10:00a-3:00p	2xM All Weeks	01:00	COMMERCIAL	24.00	2	48.00
Subtotal						596.00
Agency Commission						89.40
Total						506.60

Rotation	Date/Time	Days
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Projected Billing	Count	Gross	Net	
March	2024	25	596.00	506.60
		25	596.00	506.60

Customer _____ Sales Person _____

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Michael De Dios, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Juan Carrillo	
Authorized committee: Juan Carrillo for State Assembly	
Agency requesting time (and contact information): <input type="checkbox"/> N/A Greenstripe Media Inc	
Candidate's political party: Democratic	
Office sought (no acronyms or abbreviations): Assembly District 39	
Date of election: 3/5/24	<input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Shawnda Deane	
The undersigned represents that: (1) the payment for the broadcast time requested has been furnished by (check one box below): <input type="checkbox"/> the candidate listed above who is a legally qualified candidate, or <input checked="" type="checkbox"/> 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:	Signature:
Name: Michael De Dios	Name: COLLEEN WARDEN
Date of Request to Purchase Ad Time: 2/7/24	Date of Station Agreement to Sell Time: 2.9.24

2.28PM

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: 2.7.24

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 #: <u>20616</u>	Station Call Letters: <u>KGBB</u>	Date Received/Requested: <u>2.7.24</u>
Est. #: <u>115196</u>	Station Location: <u>MOWAVE, CA</u>	Run Start and End Dates: <u>2/27/24 - 3/4/24</u>

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.