CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule a	and charges. See Invoice for actual schedule and charges.
, Devon Prescod	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCK	S MUST BE COMPLETED			
Candidate name:				
David Trone				
Authorized committee:				
David Trone for Maryland				
Agency requesting time (and contact information):				
N/A Canal Partners Media, 900 Circle 75 Parkway, Suite 1650, Atlanta, GA 30339				
Candidate's political party:				
Democratic				
Office sought (no acronyms or abbreviations):				
United States Senate				
Date of election: 5/14/24	General			
Treasurer of candidate's authorized committee:				
June Trone				
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 (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: Deven Pressed	Signature			
Name: Devon Prescod	Name: Shapon Harrington			
Date of Request to Purchase Ad Time: 09/29/2023	Date of Station Agreement to Sell Time: 4/17/24 - 4/3/24			

to an opposing candidate or, if it does, (a for a duration of at least four seconds an the candidate approved the broadcast a	e broadcast matter to be aired pursuant to 2) contains a clearly identifiable photograph d a simultaneously displayed printed state and that the candidate and/or the candidar ains a personal audio statement by the candidate has approved the broadcast.	oh or similar image of the candidate ement identifying the candidate, that te's authorized committee paid for the		
Candidate/Authorized Committee/	Agency			
Signature: Down Resced				
Name: Devon Prescod				
Date: 09/29/2023				
TC	BE COMPLETED BY STATION O	NLY		
Ad submitted to Station? Yes	No Date ad received	: 4/14/24 - coxt.		
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):				
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 #: 47719	Station Call Letters: WTDK - FM	Date Received/Réquested:		
Est. #: 11641	Station Pocation: (ann Page M1)	Run Start and End Dates: 4/17/24 - 4/30/24		
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.				