CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges	See Invoice for actual schedule and charges. Hereby request station time as follows:
I IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE TE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCI	KS MUST BE COMPLETED
Candidaté name: JOHNS	\mathcal{O}
Authorized committee: Committee	to Elect Tudge Victor
Agency requesting time (and contact information):	Joh
N/A	
Candidate's political party, Non Parti	san
Office sought (no acronym)s or abbreviations):	eruor Covret Judge
Date of election: 5/21/24	General Primary
Freasurer of candidate's authorized committee: Kino	
The undersigned represents that:	
1) the payment for the broadcast time requested has been fu	rnished by (check one box below):
the candidate listed above who is a legally qualified ca	
the authorized committee of the legally qualified candi	
2) this station is authorized to announce the time as paid for b	-
 this station has disclosed its political advertising policies, income and other sales practices (not applicable to federal candida 	
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC N THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
ignatura: / telia OhNSea	Signature: Tick Out
lame: Victoria Johnson	Name: Rick Lamberd
ate of Request to Purchase Ad Time: 5/15/04	Date of Station Agreement to Sell Time: 5/15/24

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 5/15/24 Ad submitted to Station? No Date ad received: Yes 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 #: Station Call Letters: Date Received/Reguested: Est. #: Station Location: 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.



WALG-AM Order Confirmation

0690-001 OrderID:

Sponsor: Victoria Johnson for Judge
Product: Victoria Johnson for Judge - WALG
Estimate/PO: MAY 2024
AccountRep: House Accounts
BillingCycle: Calendar Month
InvoiceType: Detail
Run Dates: 5/16/2024 - 5/21/2024
Items Ordered: 28
Ordered Amount: \$168.00

VICTORIA JOHNSON FOR JUDGE

Scheduled Station(s): WALG-AM Victoria Johnson for Judge

Run Dates	Run Weeks	Run Times	Mon	Tue	Med	JĘ.	Æ	Sat	Sun	Week	Length	Mon Tue Wed Thu Fri Sat Sun Week Length Description Total
01 5/16/2024 - 5/19/2024 02 5/20/2024 - 5/21/2024	All Weeks All Weeks	06:00 AM - 07:00 PM 06:00 AM - 07:00 PM	9	ഹ		2	φ	ro.	4	11	88	30 Spot 30 Spot
Calendar Month Projected Billing:	ted Billing:											
Apr-24		0.00	May-24			168.00	0			Jun-24		

168.00

Q2-2024

0.00

102.00

00.9

7

2371

Page 1 Total Cost

Item Cost

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Avail Copy ID Type

Accepted for WALG-AM

Confirmed Correct; Payment Guaranteed