ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, GMMB Authorized Media Buyer	_, hereby request station time as fo	llows: See Order for proposed		
schedule and charges. See Invo i	ce for actual schedule and charges			
Check one:				
(1) a legally qualified candidate	relating to any political matter of national for federal office; (2) an election to federa health care legislation, IRS tax code, etc.); c sion at the national level.	l office; (3) a national legislative		
Ad does NOT communicate a ronly to a state or local issue).	message relating to any political matter of	national importance (e.g., relates		
ALL QUE	STIONS/BLOCKS MUST BE COM	MPLETED		
Station time requested by: Bhalla for Cor	ngress			
Agency name: GMMB				
Address: 3050 K Street, NW, Suite 100, Wa	shington, D.C. 20007			
Contact:	Phone number: 202-338-8799	Email:		
Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):				
Name: Bhalla for Congress				
Address: 89 River Street, P.O. Box 794, Hol	ooken, NJ 07030			
Contact:	Phone number:	Email: al@bhallafornj.com		
Station is authorized to announce the ti	me as paid for by such person or entity.			
governing group(s) of the advertiser/spo William Viqueira- Treasurer				
By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s).				
f ad refers to a federal candidate(s) or fe	ederal election, list ALL of the following:	N/A		
Name(s) of every candidate referred to: DONALD TRUMP				
Office(s) sought by such candidate(s) (no acronyms or abbreviations): UNITED STATES PRESIDENT				
Date of election: 6/4/24				
Clearly identify EVERY political matter of national importance referred to in the do (no acronyms); use separate page if necessary:				
ABORTION, IMMIGRATION				

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor GMMB Authorized Med		Station Representative		
Signature: Sophia Papan		Signature: Veronica Brett		
Name: Sophia Papan		Name: VERONICA BRETT		
Date of Request to Purchase Ad Time: 4/22/24		Date of Station Agreement to Sell Time:		
TO BE COMPLETED BY STATION ONLY				
Ad submitted to station? Yes No Date ad received: 4/22/24 Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy).				
If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.				
Disposition: Accepted Accepted IN PART (e.g., ad not received to determine content)* Rejected – provide reason: *Upload partially accepted form, then promptly upload updated final form when complete.				
Date and nature of follow-ups, if any:				
Contract #:	Station Call Letters:		Date Received/Requested:	
Est. #:	Station Location:		Run Start and End Dates:	

For national issue ads only (not required for state/local issue ads):

Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.