

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.  
I, Left Hook Strategy, hereby request station time as follows:

**IDENTIFY CANDIDATE TYPE**  FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:  
**Joey Acuña**

Authorized committee:  
**Families United by Joey Acuña for Assembly 2024**

Agency requesting time (and contact information):

N/A **Left Hook Strategy, 2202 18th ST NW, Ste 220, Washington, DC 20008**

Candidate's political party:  
**Democrat**

Office sought (no acronyms or abbreviations):  
**California State Assembly District 36**

Date of election: **March 5, 2024**  General  Primary

Treasurer of candidate's authorized committee:  
**Amber Parish Baur**

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: 
Name: <b>Sarah Buffone</b>	Name: <b>GUSTAVO MORA</b>
Date of Request to Purchase Ad Time: <b>3/1/2024</b>	Date of Station Agreement to Sell Time: <b>3/1/24</b>

**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: 3/1/24

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 #:	Station Call Letters: <u>KSSB - FM</u>	Date Received/Requested: <u>3/1/24</u>
Est. #: <u>1563</u>	Station Location: <u>EL CENTRO, CA</u>	Run Start and End Dates: <u>3/2 - 3/5</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.



# Broadcast Contract

Media Financial Services - W. Palm Beach  
 FAM UNITED BY JOEY ACUNA FOR A  
 1655 Palm Beach Lakes Blvd. #9  
 W. Palm Beach FL, FL 33401

Start Date	Contract#	Mod#
03/02/24	1486136892	0
End Date	Date Entered	Date Last Modified
03/08/24	03/01/24	03/01/24
Advertiser		Station Market
FAM UNITED BY JOEY A		KSSB-FM
Product		SalesRep/Office
3/2-3/5 EST.1563 JOEY ACU		McGAVREN GUILD

Attn: Sarah Buffone

Standard Billing Cycle Estimate# 1563

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE
1	MO 03/04/24 TU 03/05/24	06:00A-07:00P	60	X	X	--	--	--	--	--	24	\$10.00
2	SA 03/02/24 FR 03/08/24	06:00A-07:00P	60	--	--	--	--	--	X	X	26	\$8.00

-----Additional Comments-----	Total Spots	Spots Total\$	Agency Commission	Net	Gross
	50	448.00	\$67.20	\$ 380.80	\$ 448.00

Billing Projections: By Month

	Mar 24
CA	448.00
ST	448.00

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

Name \_\_\_\_\_ Title \_\_\_\_\_  
 See reverse for accepted terms and conditions, if any

Name \_\_\_\_\_ Title \_\_\_\_\_  
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