

ELIZABETH CARRIER FOR SHERIFF/KJMH

(B or S) Broadcast or Stream	Weekly Distribution	Times		Spot Length	Total Spots/week	Rate	Totals			Spot Type
		Start	End				Weeks	Spots	Total \$	
B+S	THUR	10A	3P	30	3	\$28.00	1	3	\$ 84.00	
B+S	FRI	10A	3P	30	3	\$28.00	1	3	\$ 84.00	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
Total Spots								6	\$ 168.00	
FLIGHT WEEKS:		OCT 12 & 13								

ELIZABETH CARRIER FOR SHERIFF/KNGT

(B or S) Broadcast or Stream	Weekly Distribution	Times		Spot Length	Total Spots/week	Rate	Totals			Spot Type
		Start	End				Weeks	Spots	Total \$	
B+S	THUR	10A	3P	30	3	\$35.00	1	3	\$ 105.00	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
Total Spots								3	\$ 105.00	
FLIGHT WEEKS:		12-Oct								

INSERT STATION HERE

(B or S) Broadcast or Stream	Weekly Distribution	Times		Spot Length	Total Spots/week	Rate	Totals			Spot Type
		Start	End				Weeks	Spots	Total \$	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
								0	\$ -	
Total Spots								0	\$ -	
FLIGHT WEEKS:										

NOTES

RADIO (ALL STATIONS) CAMPAIGN TOTAL	\$ 273.00
RADIO (ALL STATIONS) SPOT TOTAL	9

BUSINESS NAME

Elizabeth Carrier

AUTHORIZATION

Elizabeth Carrier

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Elizabeth Gray-Carrion, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Elizabeth Gray-Carrion

Authorized committee: Elizabeth Gray-Carrion

Agency requesting time (and contact information):

N/A

Candidate's political party:

Dem
Mayor of Metairie Parish

Office sought (no acronyms or abbreviations):

Date of election: 10/14/23 General Primary

Treasurer of candidate's authorized committee:
Elizabeth Gray-Carrion

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: <u>Elizabeth Gray-Carrion</u>	Signature: _____
Name: <u>Elizabeth Gray-Carrion</u>	Name: _____
Date of Request to Purchase Ad Time: _____	Date of Station Agreement to Sell Time: _____

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:

Elizabeth Gray Carver
ELIZABETH GRAY CARVER
10/10/23

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

10/10/22

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/Requested:

KNGT & KSMH

Est. #:

Station Location:

Run Start and End Dates:

Lake Charles, LA

10/11 - 10/13

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.