## Teleonce Political Public File Legally Qualified Candidate Advertisement

What is the name of the <u>legally-qualified</u> candidate? Carlitos Lopez
What office is the candidate running for? Radicacion de Candidatura Mayor of Dorado
What is the date of the election?
The election is a:  primary peneral election
What is the name, address, and phone number of the contact person for the candidate and/or the candidate's authorized committee?
Name: Lynnette Moreno Caldero
Agency: Comite Carlitos Lopez
Address: Calle Mendez Vigo #217 Esquina Industria Dorado PR
Phone number: 787 405-5009
What is the name of the Treasurer of the candidate's authorized committee?
Name: Milagros Borrero
Phone number: 787 600-9845
Did the candidate or authorized committee submit a copy of NAB PB-19 with the ad2*
yes
If this a federal candidate, did the candidate certify on PB-19 that he or she would not refer to an opposing candidate unless her or she complied with the "enhanced disclosure" requirements (see candidate section of form, at page 3)?  Not a federal candidate
Disposition of Request:
□ granted

denied (reason)
u withdrawn (reason)
□ <u>other</u> (describe)
Name of Teleonce Employee Completing Form:
Roberto Rivera

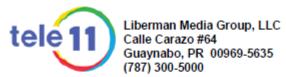
<sup>\*</sup>Teleonce must post a complete Form PB-19, or a form with equivalent information, in connection with any candidate ad buy. Teleonce also must post the final order or invoice demonstrating when the ads actually aired.

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. S	ee Invoice for actual schedule and charges, hereby request station time as follows:			
THE THE PARTY OF T	RAL CANDIDATE OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCKS MUST BE COMPLETED				
Carlitos Lopez				
Authorized committee: Comité Carlitos	5 0007			
Agency requesting time (and contact information):	орег			
Candidate's political party: PPD				
Office sought (no acronyms or abbreviations):	caciones Comité Carlitos Lapez			
Date of election: Nov. 2024	General Primary			
Treasurer of candidate's authorized committee:	ros Borrero			
The undersigned represents that:				
(1) the payment for the broadcast time requested has been fur				
the candidate listed above who is a legally qualified canditate the authorized committee of the legally qualified candi				
(2) this station is authorized to announce the time as paid for b				
(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: Signature:				
Name: I gonette Moreno	Name:			
Date of Request to Purchase Ad Time:  Date of Station Agreement to Sell Time:				

to an opposing candidate or		
the candidate approved the l	seconds and a simultaneously displayed prin	candidate's authorized committee
Candidate/Authorized Co		IST.
Signature Tynnette	Stellen	
Date:	2 400400	
- A 9 To 3 - 2 1-1	TO 05 CO	
Ad submitted to State 6	TO BE COMPLETED BY STAT	TION ONLY
Ad submitted to Station?		received:
Note: Must have separate	PB-19 Forms for each version of the ad	(i.e., for every ad with differing copy).
Federal candidate certification	on signed (above):	No N/A
Disposition:		
Accepted IN PART (	www.	
Rejected – provide re	e.g., ad copy not yet received to determine s	ponsor ID)*
rejected - provide n	eason:	
Nejected – provide ii	eason:	
- (20-40%) + (30-40%) + (40-40%)	eason: orm, then promptly upload updated final form	m when complete.
*Upload partially accepted fo	orm, then promptly upload updated final form	m when complete.
*Upload partially accepted fo	40000	m when complete.
*Upload partially accepted fo Date and nature of follow-up	orm, then promptly upload updated final formus, if any (e.g., insufficient sponsor ID tag):	
*Upload partially accepted fo Date and nature of follow-up	orm, then promptly upload updated final form	m when complete.  Date Received/Requested:
*Upload partially accepted fo Date and nature of follow-up Contract #:	orm, then promptly upload updated final formus, if any (e.g., insufficient sponsor ID tag):	
*Upload partially accepted for Date and nature of follow-up Contract #:	orm, then promptly upload updated final formus, if any (e.g., insufficient sponsor ID tag):  Station Call Letters:  Station Location:	Date Received/Requested:  Run Start and End Dates:
*Upload partially accepted for Date and nature of follow-up Contract #:  Est. #:  Upload order, this form and is use this space to document spurchased or attach separate	orm, then promptly upload updated final formus, if any (e.g., insufficient sponsor ID tag):  Station Call Letters:  Station Location:  nvoice (or traffic system print-out) or other dischedule of time purchased, when spots actually. If station will not upload the actual times	Date Received/Requested:
*Upload partially accepted for Date and nature of follow-up Contract #:  Est. #:  Upload order, this form and it use this space to document spurchased or attach separate of a contact person who can	orm, then promptly upload updated final formus, if any (e.g., insufficient sponsor ID tag):  Station Call Letters:  Station Location:  nvoice (or traffic system print-out) or other dischedule of time purchased, when spots actually. If station will not upload the actual times	Date Received/Requested:  Run Start and End Dates:  ocuments reflecting this transaction to the OPIF o
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## CONTRACT



And:

Comite Carlitos Lopez Attention: Lynnette Moreno Calle Mendez Vigo #217 Esquina Industria Dorado, PR 00646

	Contract / Re	vision		Alt Order#	
	141744	I			
Advertiser			Ori	iginal Date	Revision
Comite Carlitos Lopez			1	0/11/23	/ 10/11/23
Contract Dates	Estimate #				
10/12/23 - 10/15/23					
Product	•				
Order Brand	Billing Cycle	Billing	Cale	endar	Cash/Trade
Various	EOM/EOC	Calend	ar		Cash
	Property	Accour	ıt E	xecutive	Sales Office
	WLII	Robert	οR	ivera	Local-Puerto Rio
	Special Hand	ling			
	Demographic				
	Households				
	Agy Code	Advert	ser	Code	Product 1/2
	Agency Ref			Advertiser	Pof
	ngelicy ivel			Auvertiser	ivei
	1			I	

*Line Ch Start Date End Date Description	Start/End Time	Spots/ Days Length Week Rate	TypeS	pots	Amount
N 1 WLII 10/12/23 10/13/23 M-F 6p  Start Date	6p-7p <u>Rate</u> \$2,000.00	:30	NM	4	\$8,000.00
N 2 WLII 10/14/23 10/14/23 SaSu Access/Prime Start Date	5:00 PM-10:00 PM Rate	:30	NM	4	
N 3 WLII 10/15/23 10/15/23 SaSu Access/Prime Start Date	8:00 PM-10:00 PM <u>Rate</u>	:30	NM	2	
N 4 WLII 10/12/23 10/13/23 M-F 8p  Start Date	8p-9p <u>Rate</u> \$660.00	:30	NM	2	\$1,320.00
Spot Ch   Date Range   Description     3   WLII   10/13/23-10/13/23   M-F 8p     MG for 4.1 10/12   Makegood   Makegood   M-F 8p   MG for 4.1 10/12   MG for 4.1 10	Start/End Time 8p-9p	Weekdays         Length         Rate          F         :30         \$660.00	Type NM		
		Totals		12	\$11,520.00

Time Period	# of Spots	Gross Amount	Net Amount
10/01/23 -10/15/23	12	\$11,520.00	\$11,520.00
Totals	12	\$11,520.00	\$11,520.00