

<b>STATION:</b> KALP-FM	<b>ORDER#:</b> 3213824	<b>DATE:</b> 02/15/2024
<b>MARKET:</b> UM - Alpine, TX	<b>AMOUNT:</b> \$910.00	<b>AGENCY:</b> MEDIA FINANCIAL SERVICES
<b>REP:</b> Regional Reps Non-Rep	<b>SPOTS:</b> 35	1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com
<b>MOD:</b> Stn Ver: 1 Last:		
<b>SALES OFFICE:</b> PHILADELPHIA	<b>SLS PH:</b> 216-256-5304	
<b>SALESPERSON:</b> Heather Karban	<b>SLS FAX:</b> N/A	
<b>SLS EMAIL:</b> Heather.Karban@GenMediaPartners.com		
<b>AGENCY:</b> MEDIA FINANCIAL SERVICES	<b>AGY CLI:</b>	<b>CONTRACT # FOR INVOICING 4455587</b>
<b>ADVERTISER:</b> Hispanic Leadership Alliance	<b>AGY PRD:</b>	<b>INVOICE:</b> MEDIA FINANCIAL SERVICES
<b>PRODUCT:</b> est 215221 HLA24- ISSUE	<b>AGY EST:</b> 215221	1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com
<b>FLIGHT:</b> 02-16-2024 TO 2/21/2024	[X]Unwired [ ]Spot [ ]Mod	
<b>TOT # OF DAYS:</b> 6		
<b>PRIM. DEMO:</b> Adults 25-54	[X]Cash [ ]Trade	
<b>SEC. DEMO:</b>	<b>SPOT TYPE:</b>	<b>LAST SENT:</b> 02/15/2024 14:57

**COMMENTS**

02/15/2024: New political order, please confirm through Radio Exchange if able, if not confirm to melissa.costello@genmediapartners.com.

Send invoices electronically.

THIS IS AN UNWIRED NETWORK ORDER. SEND INVOICES ELECTRONICALLY OR TO INVOICES@MEDIA FINANCIAL.COM BY THE 3RD OF THE MTH AFTER THE BROADCAST MTH HAS AIRED. MFS ELECTRONIC INVOICES: RADIOINVOICES.COM: RI12580 OR 9912580; MARKETRON: 120873; SpotData: IDB#1828; EMEDIATRADE:EMT10263.

ONLY UPON PAYMENT FROM THE AGY WILL MFS REMIT TO STATION. PAYMENT TO STATION WILL BE PROCESSED WITHIN 7 DAYS AFTER RECEIPT FROM AGENCY.

By accepting and airing this schedule, station agrees to pay Regional Reps a sales commission equal to 15% of the agency gross in addition to the 15% agency commission.

\*\*\* SEND INVOICES TO MEDIA FINANCIAL SERVICES, BROADCAST MONTH. \*\*\*  
INVOICES MUST INCLUDE advertiser name, estimate number, gross & net totals. Invoices must also have : date/time/rate/spot length/ isci code (if able) per spot on affidavit. \*\*\*\*\*

DAY#1		2/16/2024 To 2/16/2024						TOT \$208.00		TOTAL SPOTS 8		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	1		....F..	6:00AM	10:00AM	60	2/16/2024	2/16/2024	4	\$26	\$104	
	2		....F..	3:00PM	7:00PM	60	2/16/2024	2/16/2024	4	\$26	\$104	

DAY#4		2/19/2024 To 2/19/2024						TOT \$234.00		TOTAL SPOTS 9		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	1		M.....	6:00AM	10:00AM	60	2/19/2024	2/19/2024	4	\$26	\$104	
	2		M.....	3:00PM	7:00PM	60	2/19/2024	2/19/2024	5	\$26	\$130	

<b>STATION:</b>	KALP-FM	<b>ORDER#:</b>	3213824	<b>DATE:</b>	02/15/2024
<b>MARKET:</b>	UM - Alpine, TX	<b>AMOUNT:</b>	\$910.00	<b>AGENCY:</b>	MEDIA FINANCIAL SERVICES
<b>REP:</b>	Regional Reps Non-Rep	<b>SPOTS:</b>	35		1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com
<b>MOD:</b>	Stn Ver: 1 Last:				
<b>SALES OFFICE:</b>	PHILADELPHIA	<b>SLS PH:</b>	216-256-5304		
<b>SALESPERSON:</b>	Heather Karban	<b>SLS FAX:</b>	N/A		
<b>SLS EMAIL:</b>	Heather.Karban@GenMediaPartners.com				
<b>AGENCY:</b>	MEDIA FINANCIAL SERVICES	<b>AGY CLI:</b>		<b>CONTRACT # FOR INVOICING</b>	<b>4455587</b>
<b>ADVERTISER:</b>	Hispanic Leadership Alliance	<b>AGY PRD:</b>		<b>INVOICE:</b>	MEDIA FINANCIAL SERVICES
<b>PRODUCT:</b>	est 215221 HLA24- ISSUE	<b>AGY EST:</b>	215221		1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com
<b>FLIGHT:</b>	02-16-2024 TO 2/21/2024		[X]Unwired [ ]Spot [ ]Mod		
<b>TOT # OF DAYS:</b>	6				
<b>PRIM. DEMO:</b>	Adults 25-54		[X]Cash [ ]Trade		
<b>SEC. DEMO:</b>		<b>SPOT TYPE:</b>		<b>LAST SENT:</b>	02/15/2024 14:57

DAY#5		2/20/2024 To 2/20/2024						TOT \$234.00		TOTAL SPOTS 9		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	1		.T.....	6:00AM	10:00AM	60	2/20/2024	2/20/2024	4	\$26	\$104	
	2		.T.....	3:00PM	7:00PM	60	2/20/2024	2/20/2024	5	\$26	\$130	

DAY#6		2/21/2024 To 2/21/2024						TOT \$234.00		TOTAL SPOTS 9		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	1		..W....	6:00AM	10:00AM	60	2/21/2024	2/21/2024	4	\$26	\$104	
	2		..W....	3:00PM	7:00PM	60	2/21/2024	2/21/2024	5	\$26	\$130	

TOTAL	Feb												Total
SPOT	35												35
CASH	910.00												910.00
TOTAL	910.00												910.00



## ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, Del Cielo Media LLC, hereby request station time as follows: See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

**Check one:**

- Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level.
- Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

**Station time requested by:** Del Cielo Media LLC

**Agency name:** Del Cielo Media LLC

**Address:** PO Box 26067, Alexandria, VA 22313

**Contact:** info@delcielomedia.com

**Phone number:** 703-409-7269

**Email:** info@delcielomedia.com

**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:** Hispanic Leadership Alliance

**Address:** 1005 Congress Avenue, Suite 400, Austin, TX 78701

**Contact:** info@vetsonduty.org

**Phone number:**

**Email:**

Station is authorized to announce the time as paid for by such person or entity.

**List ALL of the chief executive officers or members of the executive committee or board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.):**

**Board Members:**  
Eliza Swisher

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).

**If ad refers to a federal candidate(s) or federal election, list ALL of the following:**

N/A

Name(s) of every candidate referred to:

Office(s) sought by such candidate(s) (no acronyms or abbreviations):

Date of election:

Clearly identify **EVERY** political matter of national importance referred to in the ad (no acronyms); use separate page if necessary:

N/A

**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	Station Representative
Signature: Del Cielo Media <small>Digitally signed by Del Cielo Media Date: 2024.02.14 16:40:00 -05'00'</small>	Signature: <i>Patricia S. Benevise</i>
Name: Del Cielo Media LLC	Name: <i>Patricia S. Benevise</i>
Date of Request to Purchase Ad Time: 2/14/24	Date of Station Agreement to Sell Time:

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to station?  Yes  No      Date ad received: 2/15/2024

Note: Must have separate PB-19 forms (or the equivalent, e.g., addendums) 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 (optional):

\*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any:

Contract #: <u>215221</u>	Station Call Letters: <u>KALP</u>	Date Received/Requested: <u>2/15/2024</u>
Est. #: <u>215221 HLA24-Issue</u>	Station Location: <u>Alpine TX</u>	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.