

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, \_\_\_\_\_, hereby request station time as follows:

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>IDENTIFY CANDIDATE TYPE</b> <span style="font-size: 1.2em;">➔</span> </div>	<input checked="" type="checkbox"/> <b>FEDERAL CANDIDATE</b> <input type="checkbox"/> <b>STATE OR LOCAL CANDIDATE</b>
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**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name:  
Tony Gonzales

Authorized committee:  
Tony Gonzales For Congress

Agency requesting time (and contact information):  
 N/A SRCPMedia

Candidate's political party:  
Republican

Office sought (no acronyms or abbreviations):  
Congress

Date of election: 5/28/2024     
  General     
  Primary

Treasurer of candidate's authorized committee:  
Angel Gonzales

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

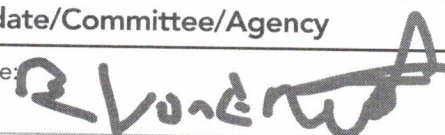
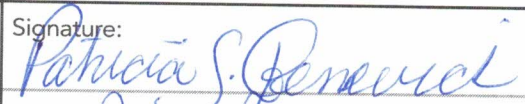
the candidate listed above who is a legally qualified candidate, or

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: 	Signature: 
Name: Betsy Vonderheid	Name: Patricia Benevise
Date of Request to Purchase Ad Time: 1/5/2024	Date of Station Agreement to Sell Time: 5/13/24

**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: 1/5/2024

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?

Yes

No

Date ad received: 5/7/24

**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 #: 4459623  
4459627

Station Call Letters:  
KVLF KALP

Date Received/Requested:  
5/13/2024

Est. #: 3463 + 3465

Station Location:

Run Start and End Dates:  
5/16/24-5/28/24

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.

<b>STATION:</b> KALP-FM	<b>ORDER#:</b> 3216094	<b>DATE:</b> 05/09/2024
<b>MARKET:</b> UM - Alpine, TX	<b>AMOUNT:</b> \$480.00	<b>AGENCY:</b> MEDIA FINANCIAL SERVICES
<b>REP:</b> Regional Reps Non-Rep	<b>SPOTS:</b> 30	1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com
<b>MOD:</b> Stn Ver: 5 Last:	<b>SLS PH:</b> 216-256-5304	
<b>SALES OFFICE:</b> PHILADELPHIA	<b>SLS FAX:</b> N/A	
<b>SALESPERSON:</b> Heather Karban		
<b>SLS EMAIL:</b> Heather.Karban@GenMediaPartners.com		
<b>AGENCY:</b> MEDIA FINANCIAL SERVICES	<b>AGY CLI:</b>	<b>CONTRACT # FOR INVOICING 4459623</b>
<b>ADVERTISER:</b> Tony Gonzales for Congress	<b>AGY PRD:</b>	<b>INVOICE:</b> MEDIA FINANCIAL SERVICES
<b>PRODUCT:</b> 5/16-5/22 Est 3463 Th-Wed week	<b>AGY EST:</b> 3463	1655 Palm Beach Lakes Blvd. 9th Fl, Suite 903 WEST PALM BEACH, FL 33401 Invoices@MediaFinancial.com
<b>FLIGHT:</b> 05-16-2024 TO 5/22/2024	<input checked="" type="checkbox"/> Unwired <input type="checkbox"/> Spot <input type="checkbox"/> Mod	
<b>TOT # OF WEEKS:</b> 1		
<b>PRIM. DEMO:</b> Adults 35+	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Trade	
<b>SEC. DEMO:</b>	<b>SPOT TYPE:</b>	<b>LAST SENT:</b> 05/09/2024 16:09

**COMMENTS**

05/09/2024: New order. Same NAB/spot as before. Please confirm today to shane.mejia@genmediapartners.com or in Radio Exchange if you are set up. Thank you!

05/09/2024: PopulationBuyType: CPP.

Invoices are required; even for orders paid for in advance. Proof of Performance is required.

**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.

**WEEK#1**                      **5/16/2024 To 5/22/2024**                      **WK TOT \$480.00**                      **WK TOTAL SPOTS 30**

MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/WK	RATE	WEEKLY TOTAL
	1		ThF.. /MTuW	6:00AM	7:00PM	60	5/16/2024	5/22/2024	30	\$16	\$480

TOTAL	May										Total
SPOT	30										30
CASH	480.00										480.00
TOTAL	480.00										480.00





