

## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

**FEDERAL CANDIDATE**

**STATE/LOCAL CANDIDATE**

**To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3**

<b>Station and Location:</b>	<b>Date:</b>
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I, \_\_\_\_\_,  
 being/on behalf of: \_\_\_\_\_,  
 a legally qualified candidate of the \_\_\_\_\_  
 political party for the office of: \_\_\_\_\_  
 in the \_\_\_\_\_  
 election to be held on: \_\_\_\_\_

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

**Attach proposed schedule with charges (if available):**

I represent that the payment for the above described broadcast time has been furnished by:

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and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

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This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional 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.**

***To Be Signed By Candidate or Authorized Committee***

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**Date**

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**Signature**

***To Be Signed By Station Representative***

**Accepted**

**Accepted in Part**

**Rejected**

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Signature

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Printed Name

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Title

## FEDERAL CANDIDATE CERTIFICATION

**In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:**

I, \_\_\_\_\_  
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

**does**

**does not**

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

the **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.

the **television** programming 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.

\_\_\_\_\_  
**signature of candidate or authorized committee**

\_\_\_\_\_  
**printed name**

\_\_\_\_\_  
**date**

## AGREED UPON SCHEDULE

**(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF CANDIDATE'S REQUEST)**

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

**Attach proposed schedule with charges (if available):**

### AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- 1) actual air time and charges for each spot;
- 2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- 3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

**Note: Because the FCC requires that the political file contain the actual times the spots air and the rates charged, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired and the rates charged. The FCC's online political files include a folder for "Terms and Disclosures." NAB suggests that, for stations subject to the online public file rule, the names of contact person(s) be placed in that folder.**

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b> KAVL, KCEL, KGMX, KKZQ, KQAV, KTPI-AM, KTPI-FM, KUTY / Palmdale-Lancaster	<b>Date:</b> 1/29/2020
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I, No on Measure AV - Antelope Valley Doctors, Nurses and Taxpayers Against Unnecessary Taxes, Sponsored by Palmdale Regional Medical Center.

do hereby request station time concerning the following issue:

No on Antelope Valley Healthcare District AV

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
SEE ATTACHED					

This broadcast time will be used by: \_\_\_\_\_

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT  
“COMMUNICATES A POLITICAL MATTER OF NATIONAL IMPORTANCE.”  
FOR ALL OTHER ISSUE ADS, PLEASE GO TO PAGE 3.**

Programming that “communicates a political matter of national importance” includes (1) references to legally qualified candidates (presidential, vice presidential or congressional); (2) any election to Federal office (e.g., any references to “our next senator”, “our person in Washington” or “the President”); and (3) a national legislative issue of public importance (e.g., Affordable Care Act, revising the IRS tax code, federal gun control or any federal legislation).

**Does the programming (in whole or in part) communicate “a message relating to any political matter of national importance?”**

Yes

No

For programming that “communicates a message relating to any political matter of national importance,” list the name of the legally qualified candidate(s) the programming refers to, the offices being sought, the date(s) of the election(s) and/or the issue to which the communication refers (if applicable):

I represent that the payment for the above described broadcast time has been furnished by (name and address):

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the “sponsor”).

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

For programming that “communicates a message relating to any political matter of national importance,” attach Agreed Upon Schedule (Page 5)

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT DOES NOT “COMMUNICATE A POLITICAL MATTER OF NATIONAL IMPORTANCE”**

I represent that the payment for the above described broadcast time has been furnished by (name and address):

No on Measure AV - Antelope Valley Doctors, Nurses and Taxpayers Against Unnecessary Taxes,  
Sponsored by Palmdale Regional Medical Center.

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the “sponsor”).

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

Flora Yin - Treasurer

Veronica Knudson - Executive Officer

**TO BE COMPLETED FOR ALL ISSUE ADVERTISEMENTS**

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

The Sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). **For the above-stated broadcast(s), the sponsor also agrees to prepare a script, transcript, or tape, which will be delivered to the station at least \_\_\_\_\_ before the time of the scheduled broadcasts.**

***TO BE SIGNED BY ISSUE ADVERTISER (SPONSOR)***

01/29/2020

Date

Adam Englander

Signature

Digitally signed by Adam Englander  
Date: 2020.01.29 15:56:36 -08'00'

2137411500

Contact Phone Number

***TO BE SIGNED BY STATION REPRESENTATIVE***

Accepted

Accepted in Part

Rejected

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



## AGREED UPON SCHEDULE

**For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance**

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
SEE ATTACHED					

**Attach proposed schedule with charges (if available):**

### AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

**Note: Because the FCC requires that the political file contain the actual time the rate for spots “communicating a political matter of national importance” air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that and rates for specific spots aired. The FCC’s online political files include a folder for “Terms and Disclosures.” NAB suggests that, for stations subject to the online public file rule, the names of contact person(s) be placed in that folder.**