POLITICAL/ISSUE AVAIL REQUEST

DATE: 4/24/2018

REQUESTED BY: Sadler Strategic Media

ADDRESS: 12103 Viewcrest Rd. Studio City, CA 91604

TELEPHONE# 818-506-5443 **FAX# :**

ON BEHALF OF CANDIDATE/ISSUE: Eleni Kounalakis

OFFICE/ISSUE: Lt. Governor of California

PARTY AFFILIATION: Democrat

COMMITTEE: Eleni Kounalakis for Lt. Governor 2018

TREAS./CHAIRMAN: Olsen Hagel

ADDRESS: 619 Kearny Street, San Francisco, CA 94103

TELEPHONE# 310-989-4299 **FAX# :**

DATES AND TIMES REQUESTED: ALL

REMARKS: Campaign Manager: kate Maeder

LETTER OF AUTHORIZATION

Eleni Kounalakis for Lt. Governor
916 Kearny Street #605
San Francisco, CA 94103

March 7, 2018

Sheri Sadler
Sadler Strategic Media, Inc.
12103 Viewcrest Road
Studio City, CA 91604

Dear Ms. Sadler:

Please accept this letter as authorization to represent the *"Eleni Kounalakis for Lieutenant Governor 2018"* **committee.**

Our official information is as follows:

Name: *Eleni Kounalakis for Lieutenant Governor 2018*

Address: *619 Kearny St. #605, San Francisco, CA 94133*

Phone: 310-989-4299

Name of Campaign Manager: Kate Maeder

Name of Treasurer: Olson Hagel (Jeremiah@olsonhagel.com)

FEDERAL I.D.# #1395990

Signature

Kate Maeder
Campaign Manager

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

Station and Location:	**Date:**
KGO-TV/San Francisco	2/5/18

I, Sheri Sadler,

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
See request email					

Attach proposed schedule with charges (if available):

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

_____

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:

See Letter of Authorization

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

Date	Signature

To Be Signed By Station Representative

☐ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Signature	Printed Name	Title

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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
	See	order			

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.

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