	1 KPPV 115/24	125/24 1 4	47.50 409
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100.7FM SPARIS playing what we want 93 FM many 93 FM many 94 FM many	KONA	Stop # Months &	ost Per Month Order ID
P.O. Box 26523 Prescott Valley, AZ 86312	Start	Stop # Months	ost Per Month. Order ID.
Phone (928) 445-8289	JACK Start	Stop / # Months Co	ost Per Month, Order ID
Toll Free 1-800-264-5449 Fax (928) 442-0448	I AJUAN	4	193.50.1013 ost Per Month Order ID
114124	KXBB	Stop # Months Co	ost Per Month Order ID
Order Date Zinnerman Don Haizon	a Danticker N	lew M Renewal [] ——	
Advertiser Name	Acct. Rep		Approved by Az Hometown Radio
(Candidate CDI)	Days Time Range	Station # of Ads Type	Cost Length
Agency	MSon Sa-80	KAPPV Ger C	- a47.50 \$50
Billing Name	M-Sin 80-Sh	KPPV day R	Q 1
Mailing Address	T MSon SOLYO	KOWA IJ C	192.50
Prescott A-2-8630	1 M Son 80 Sb	KANA-T B	
City/State/Zip	M-50n 5a-80	FOOL C	192.50
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David Dronto	- MAS SAS	OSACK TO	192.50
Authorized Person A W Odic N MA	1 100 St. 500	N TOOK I	<u> </u>
TWO	+ 11/1/ SON 20-20	JOHCE L	2 0 0
	- M-204 20-8	5 204W	192.50
Signature David Krout	M-Sin Sp-9	19 SOFFIND L	>: <u>V</u>
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Billing Basis: ☐Per Broadcas	et \$ea. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	er Package/mo. \$	990 mo.
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dyudone type. Dill	rvoice Type: 114/24	Check Here:	Gross Net
A CONTRACTOR OF THE PROPERTY O	Sustomer ID ' 📜 '	If Political ☐ Govt ☐	Rate: \$ U
- 1	Ione Times Only Detail Affidavit D	Non-Profit 🗌	+1-
12	Summary	Donation/Sponsor ☐ Y	
The same of the sa	lotarized □Y □N	P.O. Submitted N N	Sub
Additional billing instructions:	Co-op □Y □N	Name of the state	Tax: ∠ _ W
	Production Codes:	If not, when will it be submitted?	Monthly Due \$
	Primary 59	~~ OMNITHEOM	\$ 1037 85
	Secondary Silent Shopper ☐ Cost	Ad from what source?	Note: \$20 Fee For NSF Checks
The same of the sa	man of planament of advertising on the basis of ra		

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. S	See Invoice for actual schedule and charges.
, David Konto	, hereby request station time as follows:
FEDER	RAL CANDIDATE
LIDENTIEY CANDIDATE TYPE	OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED
Candidate name:	
Steve Eigper	man .
Authorized committee: Zinner Man Der H	· ·
Agency requesting time (and contact information):	A manufacture of the second se
N/A	
THE SECOND PROPERTY OF	
Candidate's political party:	
Office sought (no acronyms or abbreviations)	4 0
CDI Dence	
Date of election:	General
Treasurer of candidate's authorized committee:	
Carol M	<u>CM</u> and S
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):
the candidate listed above who is a legally qualified car	
the authorized committee of the legally qualified candi	date listed above;
(2) this station is authorized to announce the time as paid for b	9
(3) this station has disclosed its political advertising policies, included and other sales practices.	cluding applicable classes and rates, discount, promotion
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
Candidate/Committee/Agency	Station Representative
Signature:	Signature
Name: David Krolit	Name:
Date of Bossicot to Burchasa Ad Time:	Date of Station Agreement to Sell Time: 1-4-14

	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:						
	ТО	BE COMPLETED BY STATION ONLY					
	Ad submitted to Station? Yes						
9							
	*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 #:	Station Call Letters: Date Received/Requested	d:				
	Est. #:	Station Location: Run Start and End Dates:	5-24				
	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.						