1		end o	4800	
KONA 1130 AM 1	KPPV (Q232) Start KQNA (Q232)	+ 8 624 #Months	Cost Per Month Order ID Cost Per Month Order ID Cost Per Month Order ID	
ARIZONA'S HOMETOWN RADIO GI P.O. Box 26523 Prescott Valley, AZ 86312 Phone (928) 445-8289 Toll Free 1-800-264-5449 Fax (928) 442-0448	Ctout	Stop #Months	Cost Per Month Order ID Cost Per Month Order ID Cost Per Month Order ID Approved by Az Hometown Radio	
Advertiser Name Advertiser Name Agency Billing Name	Days Time Range	ge Station # of Ads Typ PKPPV 160 SPKD06124		
Mailing Address City/State/Zip Telaphone/Fax	1 M-SonSa-8 0304 M-SonSa-8	SP KANNT 158 SP JACK 184	10:99 :30 10:20 :30	
Authorized Person Authorized Person Andidatl Title Signature	Remote: Date Sponsorship Time/Fe	Hours Cost Per	Hour Total	
Website Invoice: Mail: E-mail: E-mail Address	Website: Start Promotion: Name	Stop Type Prize	Cost Per Month	
Billing Basis: Per Broadcast \$ea. Per Package/mo. \$4393,22_mo. Invoice CopiesScript Affidavit Y N Agency Commission% National Rep Commission%				
Payment Type: Bill Collect Pre-Bill Credit Card Billing Statement Cycle: Calendar Broadcast	Invoice Type: Customer ID None Times Only Summary Detail Affidavit	Check Here: If Political Govt Non-Profit Donation/Sponsor	Gross Net X Rate: \$ 4393.2	
End of Schedule Demand	Times Affidavit Detail Notarized Notarize	P.O. Submitted Y XN May 2024 If not, when will it be submitted?	Sub	
104 6/20/24 [Silent Shopper Cost	Ad from what source?	Note: \$20 Fee For NSF Checks	

DISCLAIMER: Our stations do not discriminate in the acceptance of placement of advertising on the basis of race, gender or ethnicity. Any order for advertising or advertising contract which includes any restrictions on the placement of the advertising based on race, gender or ethnicity will not be accepted.

CANDIDATE ADVERTISEMENT AGREEMENT FORM

I, Selina Bliss	, hereby request station time as follows:		
I IDENTIFY CANDIDATE TYPE	RAL CANDIDATE E OR LOCAL CANDIDATE		
ALL QUESTIONS/BLOCKS MUST BE COMPLETED			
Candidate name: Selina Wliss			
Authorized committee:	Being Bliss for AZ State House		
Agency requesting time (and contact information):			
Candidate's political party:			
Office sought (no acronyms or abbreviations): Accona Store House Leg	gisictive District One		
Date of election: 8/6/2024	General X Primary		
Treasurer of candidate's authorized committee:			
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. 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: Lli B lli	Signature:		
Name: Solina Bliss	Name: Diantucktv		
Date of Request to Purchase Ad Time: 1/20(2024	Date of Station Agreement to Sell Time:		

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 etatement 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			
Name: Selina Bliss			
Name: Selina Bliss			
Date: (/20	Y5051		
TO BE COMPLETED BY STATION ONLY			
Ad submitted to Station? X	No		
Date ad received: 1/20/2024			
Federal candidate certification signed (above): Yes No N/A			
Accepted Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)* Rejected – provide reason (optional):			
*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:		
Est. #:	Station Location: Run Start and End Dates: Run Start and End Dates: Run Start and End Dates:		
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.			