CANDIDATE ADVERTISEMENT AGREEMENT FORM

1. ARTHUR LHACKNEY	, hereby request station time as follows:
IDEALTIEN CANIDIDATE TYPE	DERAL CANDIDATE TE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOC	CKS MUST BE COMPLETED
Candidate name: MiKE DuwcEAuy	
Authorized committee: DUNLEAVY FOR ALAIKA	
Agency requesting time (and contact information):	
NA HACKNEY + HACKNEY	
Candidate's political party: REPUBLICAN	
Office sought (no acronyms or abbreviations): GOUERNOR	
Pate of election: November 8, 2022	General Primary
reasurer of candidate's authorized committee:	
he undersigned represents that:	
) 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 ca	andidate listed above;
) this station is authorized to announce the time as paid fo	or by such person or entity; and
) this station has disclosed its political advertising policies and other sales practices (not applicable to federal cand	, including applicable classes and rates, discount, promotion lidates).
HIS STATION DOES NOT DISCRIMINATE OR PERMIT D I THE PLACEMENT OF ADVERTISING.	DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY
andidate/Committee/Agency	Station Representative
gnature: A. J. Ja	Signature: Winwillin
ame: ARTHUR HACKWEY	Name: Kim Williams
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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:			
TO BE COMPLETED BY STATION ONLY			
Ad submitted to Station? Yes No Date ad received: 9.23.2022			
Federal candidate certification signed (above):			
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 #: 9000422303	Station Call Letters: KIAK-FM, KFBX-AM, KAKQ-FM	Date Received/Requested: 9.23.2022	
Est. #:	Station Location: FAIRBANKS, AK	Run Start and End Dates: 10.10.22 11.08.22	
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.			