



ARIZONA'S HOMETOWN RADIO GROUP
 P.O. Box 26523 Prescott Valley, AZ 86312
 Phone (928) 445-8289
 Toll Free 1-800-264-5449
 Fax (928) 442-0448

<input checked="" type="checkbox"/> KPPV	5/13/24	6/14/24	1	\$1399	
	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KDDL	5/13/24	6/14/24	1	\$1199	
	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KQNA	5/13/24	6/14/24	1	\$1599	
	Start	Stop	# Months	Cost Per Month	Order ID
<input type="checkbox"/> JACK					
	Start	Stop	# Months	Cost Per Month	Order ID
<input type="checkbox"/> JUAN					
	Start	Stop	# Months	Cost Per Month	Order ID

Acct. Rep Dian Tucker New Renewal
 Approved by Az Hometown Radio

Order Date 5/9/24
 Advertiser Name David Stringer for
County Attorney
 Agency Conservative for Stringer
 Billing Name Conservative for Stringer
 Mailing Address Po Box 2825
Prescott AZ 86302
 City/State/Zip Prescott AZ 86302
 Telephone/Fax 928-848-1518
 Authorized Person David Stringer
 Title Candidate
 Signature [Signature]
 Website _____
 Invoice: _____
 Mail: E-mail:
 E-mail Address _____

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KPPV	145	C	1399	30
M-Sun	8p-5a	KPPV	45	B	Q	
M-Sun	5a-8p	KDDL	170	C	1199	
M-Sun	8p-5a	KDDL	50	B	Q	
M-Sun	5a-8p	KQNA	240	C	1599	
M-Sun	8p-5a	KQNA	60	B	Q	

Remote: _____
 Date _____ Hours _____ Cost Per Hour _____ Total _____

Sponsorship _____
 Time/Feature/Station _____

Website: _____
 Start _____ Stop _____ Type _____ Cost Per Month _____

Promotion: _____
 Name _____ Prize _____

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 4197 mo.
 Invoice Copies 1 Script Affidavit Y N Agency Commission 0% National Rep Commission 0%

Payment Type: Bill _____
 Collect Pre-Bill Credit Card _____
 Billing Statement Cycle:
 Calendar Broadcast
 End of Schedule Demand
 Weekly None Other
 Additional billing instructions:
cc form attached
change 5/9/24

Invoice Type: _____
 Customer ID _____
 None Times Only
 Summary Detail Affidavit
 Times Affidavit Detail
 Notarized Y N
 Co-op Y N
 Production Codes:
 Primary 39
 Secondary _____
 Silent Shopper Cost _____

Check Here:
 If Political Govt
 Non-Profit
 Donation/Sponsor
 P.O. Submitted Y N
5/9/24
 If not, when will it be submitted? _____
 Ad from what source? _____

Gross Net
 Rate: \$ 4197
 +/- _____
 Sub _____
 Tax: 83.94
 Monthly Due \$ 4280.94
 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.



94.7 FM PRESCOTT VALLEY, ARIZONA
JACK *in*
 playing what we want!
JUAN
 106.5 FM
 ¡VOCANDO LO QUE LE GUSTA!

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KPPV 6/15/24 7/30/24 *end @ 6pm* 2494.80
 Start Stop # Months Cost Per Month Order ID
 KDDL 6/15/24 7/30/24 1782
 Start Stop # Months Cost Per Month Order ID
 KQNA 6/15/24 7/30/24 2624.40
 Start Stop # Months Cost Per Month Order ID
 JACK 45 days
 Start Stop # Months Cost Per Month Order ID
 JUAN
 Start Stop # Months Cost Per Month Order ID
 Acct. Rep Diantuckon New Renewal Approved by Az Hometown Radio

5/9/24
 Order Date
David Stringer for
 Advertiser Name
County Attorney
 Agency
Conservatives for Stringer
 Billing Name
PO Box 2825
 Mailing Address
Prescott AZ 86302
 City/State/Zip
928-848-1518
 Telephone/Fax
David Stringer
 Authorized Person
Candidate
 Title
AP 7/11/24
 Signature
 Website
 Invoice:
 Mail E-mail
 E-mail Address

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KPPV	6 per day	c	9.24	:60
M-Sun	5a-8p	KDDL	6 per day	c	6.60	:60
M-Sun	5a-8p	KQNA	6 per day	c	7.29	:60
Totals:		KPPV	270 ads			
		KDDL	270 ads			
		KQNA	360 ads			

Remote: _____
 Date _____ Hours _____ Cost Per Hour _____ Total _____
 Sponsorship _____
 Time/Feature/Station _____
 Website: _____
 Start _____ Stop _____ Type _____ Cost Per Month _____
 Promotion: _____
 Name _____ Prize _____

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 6901.20 mo.
 Invoice Copies _____ Script Affidavit Y N Agency Commission _____% National Rep Commission _____%

Payment Type: <u>Bill</u> <input type="checkbox"/> Collect <input checked="" type="checkbox"/> Pre-Bill <input type="checkbox"/> Credit Card Billing Statement Cycle: <input type="checkbox"/> Calendar <input type="checkbox"/> Broadcast <input type="checkbox"/> <input checked="" type="checkbox"/> End of Schedule <input type="checkbox"/> Demand <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Additional billing instructions: <u>Credit card</u> <u>Tom 6/14/24</u> <u>attached</u>	Invoice Type: Customer ID _____ <input type="checkbox"/> None <input type="checkbox"/> Times Only <input type="checkbox"/> <input checked="" type="checkbox"/> Summary <input type="checkbox"/> Detail Affidavit <input type="checkbox"/> <input type="checkbox"/> Times Affidavit <input type="checkbox"/> Detail <input type="checkbox"/> <input type="checkbox"/> Notarized <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Co-op <input type="checkbox"/> Y <input type="checkbox"/> N Production Codes: Primary <u>39</u> Secondary _____ <input type="checkbox"/> Silent Shopper <input type="checkbox"/> Cost _____	Check Here: <input type="checkbox"/> If Political <input type="checkbox"/> Govt <input type="checkbox"/> <input type="checkbox"/> Non-Profit <input type="checkbox"/> <input type="checkbox"/> Donation/Sponsor <input type="checkbox"/> <input type="checkbox"/> P.O. Submitted <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <u>6/10/24</u> If not, when will it be submitted? Ad from what source? _____	Gross <input type="checkbox"/> Net <input checked="" type="checkbox"/> Rate: \$ <u>6901.20</u> +/- _____ Sub _____ Tax: <u>138.02</u> Monthly Due \$ <u>7039.22</u> Note: \$20 Fee For NSF Checks
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CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, David Stringer, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔	<input type="checkbox"/>	FEDERAL CANDIDATE
	<input checked="" type="checkbox"/>	STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: David Stringer

Authorized committee: Conservatives for Stringer

Agency requesting time (and contact information):
 N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): Hawaii County Attorney

Date of election: General Primary

Treasurer of candidate's authorized committee: 7/30/24

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: <u>[Signature]</u> Name: <u>David H Stringer</u>	Signature: <u>[Signature]</u> Name: <u>Dian Tucker</u>
Date of Request to Purchase Ad Time: <u>5-9-24</u>	Date of Station Agreement to Sell Time: <u>5/9/24</u>

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: 5/10/24

Federal candidate certification signed (above): Yes No N/A

Disposition:

- 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: KPPV KQWA KDDL	Date Received/Requested: 5/9/24
Est. #:	Station Location: Prescott AZ	Run Start and End Dates: 5/13 - 7/30/24

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.