



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

Order Date 3/7/24

Advertiser Name Ecknerod 4

Agency Sheriff

Billing Name 303 E. Gorley St #200

Mailing Address Prescott AZ 86301

City/State/Zip 916-862-5758

Telephone/Fax Doug Ecknerod

Authorized Person candidate

Title *

Signature

Website

Invoice: Mail E-mail:

E-mail Address

<input type="checkbox"/> KPPV	Start	Stop	# Months	Cost Per Month	Order ID
<input type="checkbox"/> KDDL	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KQNA	<u>3/12/24</u>	<u>3/31/24</u>	<u>1</u>	<u>599</u>	<u>#001</u>
<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

Days	Time Range	Station	# of Ads	Type	Cost	Length
<u>M-Sun</u>	<u>5a-8p</u>	<u>KQNA</u>	<u>95</u>	<u>C</u>	<u>599</u>	<u>:30</u>
<u>M-Sun</u>	<u>8p-5a</u>	<u>KQNA</u>	<u>25</u>	<u>B</u>	<u>0</u>	

* Client bringing a check 3/11/24.

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. \$ 599 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:
Political-prepay

Invoice Type: 12800 3/8/24

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

If not, when will it be submitted?
 Ad from what source?

Gross Net
 Rate: \$ 599

+/- _____
 Sub _____
 Tax: 11.98


Monthly Due \$ \$610.98
 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

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

I, Douglas Eckenrood, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Douglas Eckenrood

Authorized committee:

Eckenrood 4 Sheriff

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Yavapai County Sheriff

Date of election:

7/30/24

General

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:



Signature:



Name:

Douglas Eckenrood

Name:

Dian Tockey

Date of Request to Purchase Ad Time:

Date of Station Agreement to Sell Time:

3/7/24

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: 3/8/24

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: <u>KAWA</u>	Date Received/Requested: <u>3/8/24</u>
Est. #:	Station Location: <u>Prescott AZ</u>	Run Start and End Dates: <u>3/12-3/31/24</u>

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.