		and @		
94.7. HESSITI VI	INI V		PIV	
KCPA Playing wh	KDDL W 524	73024	Cost Per Month Order ID	
100.7FM CATTLE COUNTRY 99.9FM 95.5FM	KQNA Start	Stop 3004 #Months	Cost Per Month Order ID 065	
ARIZONA'S HOMETOWN RADIO GR P.O. Box 26523 Prescott Valley, AZ 86312	Start Start	Stop #Months	Cost Per Month Order ID	
Phone (928) 445-8289	Start	Stop # Months	Cost Per Month Order ID	
Toll Free 1-800-264-5449 Fax (928) 442-0448	□ JUAN Start	Stop # Months (	Cost Per Month Order ID	
5724	Dianlo	New Renewal		
Order Date Her L	Acct. Rep	o Station # of Ada Tun	Approved by Az Hometown Radio	
Advertiser Name	Days Time Rang	e Station # of Ads Typ	e Cost Length	
Craig Brown	111-Sun 5a-80	1500L 170 (	Cled 30	
<del>agency</del>	M-5 50-8	KONA 170 (	\$1,99 :30	
Billing Name	1 300/300	1		
Mailing Address				
City/State/Zip	sos _ tra	(0 Spm 0	n7302	
928-445-376	7		1	
Telephone/Fax	9			
Authorized Person				
denai Derson Cand	Remote:			
See attached	Date	Hours Cost Per	Hour Total	
Signature	Sponsorship	1		
Website	Ilme/Fea	ature/Station		
Invoice:	Website:		0.15.11.1	
Mail: E-mail:	Start	Stop Type	Cost Per Month	
E-mail Address	Promotion: Name	Prize		
Billing Basis: □ Per Broado	east \$ea. 💢 F	Per Package/mo. \$	1242.30 mo.	
Invoice Copies Script Affida	/			
Payment Type: Bill	Invoice Type: 5/7/2	Check Here:	Gross Net	
Collect Pre-Bill Credit Card	12412 Tar	If Political  Govt	Rate: \$ 2242.30	
Billing Statement Cycle:	Customer ID  None  Times Only	Non-Profit □	Rate. \$	
Calendar ☐ Broadcast ☐	Summary Detail Affidavit	Donation/Sponsor □	+/-	
End of Schedule ☐ Demand ☐ Weekly ☐ None ☐ Other ☐	Times Affidavit ☐ ∫ Detail ☐	P.O. Submitted ☐ Y ☐ N	Sub	
Additional billing instructions:	Notarized □Y □N Co-op □Y □N		Tax: 44.85	
credit card	Production Codes:	If not, when will it		
I on maid	Primary 39	be submitted?	Monthly Due \$	
At Mad (EFIDY)	Secondary Silent Shopper ☐ Cost	Ad from what source?	4228/013	
william 7 10	olioni oliophei 🗀 Cost ———	Au Irom what source?	Note: \$20 Fee For NSF Checks	

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.				
Craig L. Brown, Sr.	, hereby request station time as follows:			
7				
IDENTIFY CANDIDATE TYPE FEDE	RAL CANDIDATE			
	OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED			
Candidate name:				
Craig L. Brown, Sr.				
Authorized committee:				
Committee to Re-Elect Craig Brown				
Agency requesting time (and contact information):				
N/A				
Candidate's political party:				
Republican				
Office sought (no acronyms or abbreviations):				
Yavapai County District 4 Supervisor				
Date of election:	General Primary			
7-30-2024				
Treasurer of candidate's authorized committee:				
Mary Conner				
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: Craig L. Brown, Sr.  Name: St. Name: St. Name: St. Name: Nam				
Date of Request to Purchase Ad Time: 5-07-2024	Date of Station Agreement to Sell Time: 5/7/24			

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: Craig L. Brown, Sr.
Date: 5-07-2024
TO BE COMPLETED BY STATION ONLY
Ad submitted to Station? Yes No  Date ad received: 5 7 7
Federal candidate certification signed (above):
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:  10 15 - 7 3 0 2
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.