

K-WAVE FM 105 ~ KPEN FM 102 ~ K-BAY 93.3 ~ KGTL AM 620/FM 100

World Class Rock

True Country

Classic Hits

News/Talk

TIME ORDER

Co-Op:

Advertiser: **Kelly Cooper for State House**

Phone: **907-302-1037** Fax: _____

Address: **P.O. Box 404** City: **Homer** State: **AK** Zip Code: **99603**

K-WAVE FM 105

Est.# _____

Start: _____ Stop: _____

of spots _____ ☐ :30 ☐ :60 ☐ :

Rate: _____ Total: **\$0.00**

MON	TUE	WED	THU	FRI	SAT	SUN

KPEN FM 102

Est.# _____

Start: _____ Stop: _____

of spots _____ ☒ :30 ☐ :60 ☐ :

Rate: _____ Total: _____

MON	TUE	WED	THU	FRI	SAT	SUN

K-BAY FM 93.3

Est.# _____

Start: 10/28/20 Stop: 11/03/20

of spots 22 ☒ :30 ☐ :60 ☐ :

Rate: \$15.00 Total: \$330.00

MON	TUE	WED	THU	FRI	SAT	SUN
2	2					
		2	2	2	6	6

KGTL AM 620 & FM 100

Est.# _____

Start: 10/28/20 Stop: 11/03/20

of spots 22 ☒ :30 ☐ :60 ☐ :

Rate: \$12.00 Total: \$264.00

MON	TUE	WED	THU	FRI	SAT	SUN
2	2					
		2	2	2	6	6

K-WAVE \$0.00

KPEN \$0.00

K-BAY \$330.00

KGTL \$264.00

Sub-total \$594.00

Discount < _____ >

Less Agency < _____ >

Tax \$17.82

Total \$611.82

Approved by: **Amy Woodruff**

Email: ☒ Fax: ☐ Date / Time: 11/3/2020 16:39

Sales Person: **Michael Becker**

♦ P.O. Box 109 ♦ Homer, AK 99603
(907) 235-6000 ♦ Fax (907) 235-6683

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Kelly Cooper, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Kelly Cooper

Authorized committee:

Kelly cooper for State House

Agency requesting time (and contact information):

☐

N/A

Candidate's political party:

Undeclared

Office sought (no acronyms or abbreviations):

State House Representative, District 31

Date of election:

November 3rd, 2020

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

John Kelly

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

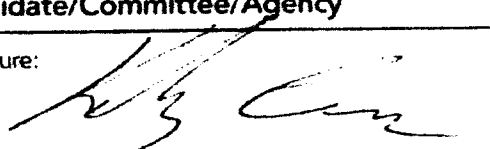
☒

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: <u>Michael Becker</u>
Name: <u>Kelly Cooper</u>	Name: <u>Michael Becker</u>
Date of Request to Purchase Ad Time: <u>7/6/2020</u>	Date of Station Agreement to Sell Time: <u>8/27/20</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 Kelly Cooper for State House

Signature:



Name:

Kelly Cooper

Date:

7-16-20

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

☒

Yes

☐

No

Date ad received:

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:

KXBA K6TL

Date Received/Requested:

10/25/2020

Est. #:

Station Location:

Kona, Peninsula

Run Start and End Dates:

10/28/11/3/20

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.