



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: 7/18/22
Advertiser Name: Chad Devries

Agency: _____

Billing Name: _____

Mailing Address: Prescott, AZ
City/State/Zip: 928-899-4543

Telephone/Fax: _____
Authorized Person: Chad Devries
Self

Title: _____
Signature: Please see attached

Website: _____

Invoice: _____
Mail: E-mail:
E-mail Address: Chad@Prescott928.com

<input type="checkbox"/> KPPV	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KDDL	<u>7/19/22</u>	<u>8/2/22</u>	<u>1</u>	<u>458.25</u>	
<input type="checkbox"/> KQNA	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> JACK	<u>7/19/22</u>	<u>8/2/22</u>	<u>1</u>	<u>458.25</u>	
<input checked="" type="checkbox"/> JUAN	<u>7/19/22</u>	<u>8/2/22</u>	<u>1</u>	<u>458.25</u>	
<input type="checkbox"/> KXBB	Start	Stop	# Months	Cost Per Month	Order ID
Acct. Rep: <u>Dian Tucker</u> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/>					
Approved by Az Hometown Radio					

Days	Time Range	Station	# of Ads	Type	Cost	Length
<u>M-Sat</u>	<u>6a-7p</u>	<u>KDDL</u>	<u>3 per day</u>	<u>C</u>	<u>\$11.75</u>	<u>:60</u>
<u>M-Sat</u>	<u>6a-7p</u>	<u>JACK</u>	<u>3 per day</u>	<u>C</u>	<u>\$11.75</u>	<u>:60</u>
<u>M-Sat</u>	<u>6a-7p</u>	<u>JUAN</u>	<u>3 per day</u>	<u>C</u>	<u>\$11.75</u>	<u>:60</u>
<u>*End @ 5pm 8/2/22</u>						
<u>\$11.75 x 3 ads per day M-Sat (13 days)</u>						
<u>39 ads = 458.25</u>						

Website: _____	Start	Stop	Type	Cost Per Month
Promotion: _____	Name	Prize		

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 1374.75 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:
Paid via credit card 7/18/22
*cc attached

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

Gross Net
Rate: \$ 1374.75
+/- _____
Sub _____
Tax: 37.81
Monthly Due \$ 1412.56
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, CHAD DeVries, 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: Kenneth Bennett

Authorized committee: DeVries for Bennett

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

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): UDA Senate

Date of election: 8/2/22 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: <u>CHAD DeVries</u>	Name: <u>Dian Tucker</u>
Date of Request to Purchase Ad Time: <u>7/17/22</u>	Date of Station Agreement to Sell Time: <u>7/18/22</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: **CHAD DeVries**

Date: **7/17/22**

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: **7/18/22**

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:

Date Received/Requested:

KOOL JACK JUAN

7/18/22

Est. #:

Station Location:

Run Start and End Dates:

Prescott AZ

7/19-8/2/22

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.