



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 6/27/22

Advertiser Name Shirley Sapir Candidate

Agency Superintendent of Public Instruction

Billing Name 12039 N. 60th Pl

Mailing Address Scottsdale AZ 85254

City/State/Zip 480-540-1001

Telephone/Fax Shirley Sapir

Authorized Person Candidate

Title via phone & email

Signature Sapira@az.com

Website

Invoice: Mail:  E-mail:

E-mail Address info@electshirley.sapira.com

<input checked="" type="checkbox"/> KPPV	<u>7/6</u>	<u>8/1/22</u>	<u>1</u>	<u>\$3109.60</u>	
	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>7/6</u>	<u>8/1/22</u>	<u>1</u>	<u>\$300.57</u>	
	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
<input type="checkbox"/> KXBB					
	Start	Stop	# Months	Cost Per Month	Order ID

Acct. Rep Dian Tocker 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>43</u>	<u>C</u>	<u>6.99</u>	<u>:30</u>
<u>M-Sun</u>	<u>5a-8p</u>	<u>KPPV</u>	<u>40</u>	<u>C</u>	<u>9.24</u>	<u>:30</u>

Remote: Date \_\_\_\_\_ Hours \_\_\_\_\_ Cost Per Hour \_\_\_\_\_ Total \_\_\_\_\_

Sponsorship \_\_\_\_\_ FOR KXBB ONLY: \_\_\_\_\_  
Time/Feature/Station Primary Domain Portal

Website: Start \_\_\_\_\_ Stop \_\_\_\_\_ Type \_\_\_\_\_ Cost Per Month \_\_\_\_\_

Promotion: Name \_\_\_\_\_ Prize \_\_\_\_\_

Billing Basis:  Per Broadcast \$ \_\_\_\_\_ ea.  Per Package/mo. \$ 670.17 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 6/28/22

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: \$ 670.17  
+/- \_\_\_\_\_  
Sub \_\_\_\_\_  
Tax: 18.43  
Monthly Due \$ 688.60  
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, Shiry SAPIR, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Shiry SAPIR

Authorized committee: Shiry SAPIR Candidate Superintendent of PUBLIC INSTRUCTION

Agency requesting time (and contact information): PUBLIC INSTRUCTION

N/A

Candidate's political party: REPUBLICAN

Office sought (no acronyms or abbreviations): SUPERINTENDENT OF PUBLIC INSTRUCTION

Date of election: 8-2-2022       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 (not applicable to federal candidates).

**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:  Name: <u>SHIRY SAPIR</u> Date of Request to Purchase Ad Time:	Signature:  Name: <u>Dian Tucker</u> Date of Station Agreement to Sell Time: <u>6/27/22</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:

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

6/27/22

Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).

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:

\*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

Date Received/Requested:

6/27/22

Est. #:

Station Location:

Prescott, AZ

Run Start and End Dates:

7/6-8/1/22

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.