	KPPV 2	1/22	22822		399	
KONA 94.7 KONA 94.7 1130 AM HENG-TALK	KDDL St	art	Stop	# Months	Cost Per Month	Order ID
99.5 FM THATTHE ST.S FM CONTROL ST.S FM CONTRO	KONA St	art	Stop	# Months	Cost Per Month	Order ID
ARIZONA'S HOMETOWN RADIO GROU P.O. Box 26523 Prescott Valley, AZ 86312	St	art /	Stop	# Months	Cost Per Month	Order ID
Phone (928) 445-8289	JACK St	art	Stop	# Months	Cost Per Month	Order ID
Toll Free 1-800-264-5449 Fax (928) 442-0448	JUAN _					
YOU I FINE DEFECTACION	KXBB St	art	Stop	# Months	Cost Per Month	Order ID
Order Date		art	Stop	# Months	Cost Per Month	Order ID
Lane Marie Ward &	Acct. Rep	10 che	New R	enewal 🗌 —	A	
Advertiser Name		Гime Range	Station #	of Ads Typ	Approved by Az Ho	
Agency	Days	nine Kange	Station #	of Ads Typ	e Cost	Length
San Kowl	- M-E	5a-8p	KPPV	35 C	399	:30
Billing Name 3 4010 N). 4 DAS	a M-F	80-10	O KPPV	15 [3 0	
Mailing Address	- M-E	5d-80	KOWA	25 (2 290	7
City/State/Zip	J-W-E	80-100	KOWA	15 1	3 6	
4100-2974	m-F	5a-80	KDOC	30 1	C 29	9
Telephone/Fax	7-m e.	80-106	KAPPL	- 10	BQ	
Authorized Person	MM-P	5a-81	TACK	5 15	(190	1-
Campaign Man	M-F	80-10	TACK	5	30	
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Signature	-				,	
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	\ /	X	E			mo.
Invoice Copies Script Affidavit	∐Y XUN Age	ncy Commis	ssion%	National Re	p Commission	%
Payment Type: Bill Ir	voice Type:		Check He	re:	Gross 🗌	Net
Collect Pre-Bill Credit Card	Customer ID		If Political [☐ Govt ☐	Rate: \$	1910
	one Times Only	The state of the s	Non-Profit [
	Summary Detail Affidavit Detail Times Affidavit Detail Detail		Donation/S	ponsor 🗌	+/-	
W 11	Notarized Y N		P.O. Submitted ☐ Y 💢 N Sub		90	
A dalking at 1 100 - 1 - 1 - 1	Co-op □Y ☑N		1/2-	1/22	Tax:	2.89
101	roduction Code	s:	If not, when		Monthly Due	\$
	rimary 39		be submitte	eu f	Wioritally Due	0 00
1 2 12:17	econdary lent Shopper	Cost	Ad from wh	at source?	120	1000
			Ad Irom What source? Note: \$20 Fee For NSF Checks a, gender or ethnicity. Any order for advertising or advertising contract which includes			

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.					
0110	, hereby request station time as follows:				
	RAL CANDIDATE				
STATI	E OR LOCAL CANDIDATE				
	S MUST BE COMPLETED				
andidate name:	Ward				
uthorized committee:	Ward Oard for UDI Senate				
gency requesting time (and contact information):					
N/A					
andidate's political party:	N				
ffice sought (no acronyms or abbreviations):	2				
ate of election:	General				
easurer of candidate's authorized committee:					
ne undersigned represents that:					
) the payment for the broadcast time requested has been fur	nished 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;					
) this station is authorized to announce the time as paid for b	y such person or entity; and				
) this station has disclosed its political advertising policies, inc and other sales practices.	luding applicable classes and rates, discount, promotion				
HIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC I THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY				
andidate/Committee/Agency	Station Representative				
grature:	Signature:				
ame:	Name: Dian Tocker				
ate of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:				

to an opposing candidate or, if it do for a duration of at least four second the candidate approved the broadca broadcast or if radio programming,	that the broadcast matter to be aired pursuant to es, (2) contains a clearly identifiable photograp is and a simultaneously displayed printed state ast and that the candidate and/or the candidate contains a personal audio statement by the candidate has approved the broadcast.	oh or similar image of the candidate ement identifying the candidate, that te's authorized committee paid for the
Candidate/Authorized Committee	e/Agency	
Signature:		
	DeVries	
Date: 1/25/22		
	TO BE COMPLETED BY STATION O	DNLY
Ad submitted to Station? Date ad received:	Yes No	
Federal candidate certification signe	d (above): Yes No	N/A
Rejected – provide reason (c	n promptly upload updated final form when c	
Date and nature of follow-ups, if any	(e.g., insufficient sponsor ID tag):	
Contract #:	Station Call Letters: KPP V KO WH KDOWSAC	Date,Received/Requested:
Est. #:	Station Location:	Run Start and End Dates:
use this space to document schedule purchased or attach separately. If sta	or traffic system print-out) or other documents of time purchased, when spots actually aired tion will not upload the actual times spots aire that information immediately should be place	I, the rates charged and the classes of time ed until an invoice is generated, the name