



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

8/25/22

Order Date

Committee to Elect Selina Bliss
Advertiser Name

Bliss for State Rep Dist 1
Agency

Billing Name

P.O. Box 11297
Mailing Address

Prescott AZ 86304
City/State/Zip

Telephone/Fax

Selina Bliss
Authorized Person

Candidate
Title

Selina Bliss
Signature

Website

Invoice:

Mail: E-mail:

E-mail Address

Station	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KPPV	9/9/22	11/8/22	2		
<input checked="" type="checkbox"/> KDDL	9/9/22	11/8/22	2		
<input checked="" type="checkbox"/> KQNA	9/9/22	11/8/22	2		
<input checked="" type="checkbox"/> JACK	9/9/22	11/8/22	2		
<input type="checkbox"/> JUAN					
<input type="checkbox"/> KXBB					

Diana Tucker Acct. Rep New Renewal Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KPPV	200	C	\$1724 ⁰⁰	:30
M-Sun	5a-8p	KQNA	198	C	\$1384 ⁰²	:30
M-Sun	5a-8p	KDDL	155	C	\$961 ⁰⁰	:30
M-Sun	5a-8p	JACK	230	C	\$1426 ⁰⁰	:30

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. \$ 5495.02 mo.

Invoice Copies _____ 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 # 123
8/25/22

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: \$ 5495.02

+/- _____

Sub _____

Tax: 15/11

Monthly Due \$

\$5646.13

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, Selina Bliss, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Selina Bliss

Authorized committee:

Committee to Elect Selina Bliss for State Representative

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Arizona State House

Date of election:

November 8th 2022

General

Primary

Treasurer of candidate's authorized committee:

Selina Bliss

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:

Selina Bliss

Signature:

Dian Tucker

Name:

Selina Bliss

Name:

Dian Tucker

Date of Request to Purchase Ad Time:

8/25/2022

Date of Station Agreement to Sell Time:

8/25/22 Han

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: 8/25/2022

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:
KPPV, KQNA, KDDL, JACK

Date Received/Requested:
8/25/2022

Est. #:

Station Location:
Prescott, AZ

Run Start and End Dates:
9/9/2022 - 11/8/2022

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.