



<input checked="" type="checkbox"/> KPPV	7/13/22	7/26/22	1	867 ⁵⁰	001
Start	Stop	# Months	Cost Per Month	Order ID	
<input checked="" type="checkbox"/> KDDL	7/13/22	7/26/22	1	691 ⁰⁰	003
Start	Stop	# Months	Cost Per Month	Order ID	
<input checked="" type="checkbox"/> KQNA	7/13/22	7/26/22	1	691 ⁰⁰	002
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	

Order Date: 7/11/22

Advertiser Name: Elect Judy Burges Dist #1

Agency: Grassroots Partners

Billing Name: 13618 W. Denton St

Mailing Address: Litchfield Park AZ 85396

City/State/Zip: 954-736-5991/480-703-8145

Telephone/Fax: Constantin Querard

Authorized Person: Media Buyer

Title: see attached

Signature: _____

Website: _____

Invoice: _____

Mail: ☒ E-mail: ☐

E-mail Address: _____

Acct. Rep: Dian New ☒ Renewal ☐

Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-F	6a-7p	KPPV	50	C	17 ³⁵ G	:60
					14 ⁷⁵ N	
M-F	6a-7p	KQNA	50	C	13 ⁸² G	:60
					11 ⁷⁵ N	
M-F	6a-7p	KDDL	50	C	13 ⁸² G	:60
					11 ⁷⁵ N	
KPPV \$1737 ³⁶ net / \$867 ⁵⁰ Gross KQNA \$587 ³⁵ net / \$691 ⁰⁰ Gross KDDL \$587 ³⁵ net / \$691 ⁰⁰ Gross						
Remote: _____ Date _____ 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. \$ 2249⁵⁰ Gross mo.

Invoice Copies 1 Script Affidavit ☐ Y ☒ N Agency Commission 15 % National Rep Commission 1912⁰⁷ net %

Payment Type: <u>Bill</u> Collect Pre-Bill <u>Credit Card</u> Billing Statement Cycle: Calendar <input type="checkbox"/> Broadcast <input type="checkbox"/> End of Schedule <input checked="" type="checkbox"/> Demand <input type="checkbox"/> Weekly <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Additional billing instructions: <u>C/C</u> <u>attached</u>	Invoice Type: <u>7/11/22 Jan</u> <u>12750</u> Customer ID _____ None <input type="checkbox"/> Times Only <input type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail Affidavit <input type="checkbox"/> Times Affidavit <input type="checkbox"/> Detail <input type="checkbox"/> Notarized <input type="checkbox"/> Y <input type="checkbox"/> N Co-op <input type="checkbox"/> Y <input type="checkbox"/> N Production Codes: Primary <u>39</u> Secondary _____ Silent Shopper <input type="checkbox"/> Cost _____	Check Here: If Political <input checked="" type="checkbox"/> Govt <input type="checkbox"/> Non-Profit <input type="checkbox"/> Donation/Sponsor <input type="checkbox"/> P.O. Submitted <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If not, when will it be submitted? _____ Ad from what source? _____	Gross <input checked="" type="checkbox"/> Net <input type="checkbox"/> Rate: \$ <u>2249⁵⁰</u> <u>-15% (337⁴³)</u> Sub: <u>1912⁰⁷</u> Tax: <u>52⁵⁸</u> Monthly Due \$ <u>1964⁶⁵</u> 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, Constantin Querard, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Judy Burges

Authorized committee:

ElectBurgesDistrict#1

Agency requesting time (and contact information):

☐

N/A Grassroots Partners, LLC - Constantin Querard - 480-703-8145 or CQ@GrassrootsPartners.com

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

State House LD1

Date of election:

August 2nd, 2022

☐

General

☒

Primary

Treasurer of candidate's authorized committee:

Judy Burges

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: Constantin Querard	Name: Dian Tucker
Date of Request to Purchase Ad Time: July 10, 2022	Date of Station Agreement to Sell Time: 7/11/22

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 ONLYAd submitted to Station? ☒ Yes ☐ No

Date ad received: 7/11/22

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 #:

N/A

Station Call Letters:

KPPV KQWA KQPL

Date Received/Requested:

7/11/22

Est. #:

N/A

Station Location:

Prescott, AZ

Run Start and End Dates:

7/13 - 7/26/2022

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.