

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.

I, KIM ALAMEDA, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

KIM ALAMEDA

Authorized committee:

FRIENDS OF KIM ALAMEDA

Agency requesting time (and contact information):

☒

N/A

Candidate's political party:

N/A

Office sought (no acronyms or abbreviations):

MAYOR - HAWAII COUNTY

Date of election:

8/10/24

☐

General

☒

Primary

Treasurer of candidate's authorized committee:

KIM LIN

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:

Signature:

Name:

KIM ALAMEDA

Name:

Kathleen Leonard

Date of Request to Purchase Ad Time:

1/2/24

Date of Station Agreement to Sell Time:

1/2/24

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/AgencySignature: N/A

Name:

Date:

TO BE COMPLETED BY STATION ONLYAd submitted to Station? ☒ Yes ☐ NoDate ad received: 1/2/24Federal 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 #: 5881-00002
5881-00003Station Call Letters: KCOY FM
KMVB FM

Date Received/Requested:

1/2/24

Est. #:

Station Location: Kailua-Kona HIRun Start and End Dates: 1/3-1/5/24

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.



94.7 FM Hilo • 101.5 FM Kona



BROADCAST CONTRACT

CONTRACT # 5881-2/3

NEW WEST BROADCASTING CORPORATION
1145 KILAUEA AVENUE HILO, HAWAII 96720 (808) 935-5461 FAX (808) 935-7761

DATE: December 27, 2023

ADVERTISER Friends of Kimo Alameda AGENCY _____
CONTACT Kimo Alameda PHONE _____ FAX _____
ADDRESS PO Box 10451 CITY Hilo
STATE HI ZIP CODE 96721 EMAIL ADDRESS adrkimo@cloud.com
ACCOUNT EXECUTIVE Billy Kervick PRODUCT Event CATEGORY Political
START DATE 1/3/24 END DATE 1/5/24
TOTAL WEEKS 1 TOTAL COMMERCIALS 72 (W/ADSYNC)
KWXX _____ KAQY X B97 _____ B93 _____ X _____ KPUA _____

BILLING INSTRUCTIONS		BROADCAST	X	CALENDAR							COOP				
STATION	FLIGHT DATES	DAYPART	LENGTH	MON	TUE	WED	THU	FRI	SAT	SUN	SPOT COUNT	RATE	TOTAL		
KAQY (101.5 KONA)	1/3-1/5/24	6A-9A	:60			3	3	3			9	\$24.00	\$216.00		
KAQY (101.5 KONA)	1/3-1/5/24	3P-6P	:60			3	3	3			9	\$22.00	\$198.00		
KMWB (93.1 KONA)	1/3-1/5/24	6A-9A	:60			3	3	3			9	\$24.00	\$216.00		
KMWB (93.1 KONA)	1/3-1/5/24	3P-6P	:60			3	3	3			9	\$22.00	\$198.00		
	ADSYNC														
KAQY (101.5 KONA)	1/3-1/5/24	6A-6P	:60			6	6	6			18	10%	\$41.40		
KMWB (93.1 KONA)	1/3-1/5/24	6A-6P	:60			6	6	6			18	10%	\$41.40		
TOTAL											72	\$910.80			
SPECIAL INSTRUCTIONS												\$0.00			
											TAX	\$42.92			
											TOTAL	\$953.72			

SPECIAL INSTRUCTIONS

APPROVAL

Billy Kervick
ACCOUNT EXECUTIVE

CLIENT

ACCEPTED FOR NEW WEST BROADCASTING CORPORATION

"THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING"

1/2/24

TITLE

DATE