



1188 Bishop St. Century Sq. PH1
Honolulu, Hawaii 96813
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TELEVISION CONFIRMATION/CONTRACT

AGENT Carole Kai 418 Kuwili Street #102 Honolulu, HI 96817		CONTRACT NUMBER 140804-DI		DATE 08/01/2014	
		ADVERTISER/PRODUCT David Ige for Governor		STATION/MARKET KBFD-TV	
		ACCOUNT David Ige for Governor		SALESMAN/OFFICE Michael Yim	
		FOR STATION USE		MOD. NUMBER/DATE	
START DATE 8/04/14	END DATE 8/08/14			RATE CARD Political	

EFFECTIVE DATES	DAY	TIME		SPOTS PER WEEK	DUR.	EARNED RATE/SPOT	SEC.		
		FROM	TO						
Channel: KBFD									
8/04/2014 - 8/08/2014	Mon - Fri	Drama	7:45PM	9:00PM	7	1WK	\$117.65	:30	\$823.55
8/04/2014 - 8/08/2014	Mon - Fri	Drama	9:30PM	10:30PM	7	1WK	\$117.65	:30	\$823.55
8/04/2014 - 8/08/2014	Mon - Fri	Drama	10:30PM	11:00PM	5	1WK	\$88.24	:30	\$441.20
8/04/2014 - 8/08/2014	Mon - Fri	Drama	2:45PM	4:00PM	5	1WK	\$35.29	:30	\$176.45
8/04/2014 - 8/08/2014	Mon - Fri	News	6:30PM	6:50PM	4	1WK	\$70.59	:30	\$282.36
8/04/2014 - 8/08/2014	Mon - Fri	LocalNews	11:00PM	11:20PM	4	1WK	\$52.94	:30	\$211.76
					Gross Amount				2,758.87
					(Less) Agency Commission				(413.83)
					Net Amount				2,345.04
					State Tax				110.50
					TOTAL AMOUNT DUE				2,455.54
Total spots: 32 spots									
FCC Nondiscrimination Policy. Neither this agreement nor any party to this agreement discriminates in the sale of advertising time on the basis of race or ethnicity. Any provision in any agreement entered into with an advertiser whose intent is to discriminate in such manner shall be null and void. In compliance with FCC rules, broadcaster includes this nondiscrimination provision in all written advertising contracts.									
NOTE: MATERIALS AND WRITTEN INSTRUCTIONS MUST BE DELIVERED TO THE OPERATIONS DESK 72 HOURS BEFORE BROADCAST. STATE TAX ADDED TO ALL INVOICES.									

PAYMENT IN FULL DUE UPON RECEIPT OF INVOICE. 1% LATE PAYMENT PENALTY PER MONTH AFTER 30 DAYS.

AGREEMENT BETWEEN THE AGENT NAMED HEREON AND THE STATION TO BROADCAST AS INDICATED, PROGRAMS OF THE CLIENT FOR THE PURPOSE OF ADVERTISING THE NAMED PRODUCT AS SPECIFIED HEREON. THE CONDITIONS PRINTED ON THE REVERSE SIDE HEREOF ARE PART OF THIS CONTRACT.

DATE ACCEPTED BY AGENT _____

DATE ACCEPTED BY STATION 8/11/14

AGENT ACCEPTANCE _____

STATION ACCEPTANCE [Signature]

DISTRIBUTION: WHITE TO AGENT; YELLOW TO STATION