

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Dennis M. Onishi, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

**ALL QUESTIONS/BLOCKS MUST BE COMPLETED**

Candidate name: Dennis M. Onishi

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Authorized committee: Friend for Dennis Onishi

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Agency requesting time (and contact information):  
 N/A

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Candidate's political party:  
Non-Partisan

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Office sought (no acronyms or abbreviations):  
COUNTY COUNCIL DISTRICT 3

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Date of election: Aug. 10<sup>th</sup>       General       Primary

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Treasurer of candidate's authorized committee: Sharon Ibaava

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: <u>Dennis M. Onishi</u>	Name: <u>Kathleen Leonard</u>
Date of Request to Purchase Ad Time: <u>5/9/24</u>	Date of Station Agreement to Sell Time: <u>5/9/24</u>

**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: Dennis M. Onishi

Date: 5/9/24

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No

Date ad received: 5/9/24

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 #: 3758-93/6/14/45	Station Call Letters: Kwikx FM Kwmb FM Kpua AM	Date Received/Requested: 5/9/24
Est. #: N/A	Station Location: H10, HI	Run Start and End Dates: 5/20/24 - 6/28/24

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.



**BROADCAST CONTRACT**

CONTRACT # 3758-43/44/45

NEW WEST BROADCASTING CORPORATION  
 1145 KILAUEA AVENUE HILO, HAWAII 96720 (808) 935-5461 FAX (808) 935-7761 DATE: May 9, 2024

ADVERTISER FRIENDS FOR DENNIS ONISHI AGENCY \_\_\_\_\_  
 CONTACT DENNIS ONISHI PHONE (808) 443-9282 FAX \_\_\_\_\_  
 ADDRESS PO BOX 5240 CITY HILO  
 STATE HI ZIP CODE 96720 EMAIL ADDRESS fresh19@msn.com  
 ACCOUNT EXECUTIVE KATHY LEONARD PRODUCT PRIMARY 2024 - FLIGHT 2 CATEGORY POLITICAL/COUNCIL D3  
 START DATE 5/20/2024 END DATE 6/28/24  
 TOTAL WEEKS 6 TOTAL COMMERCIALS 270

KWXX  KAQY \_\_\_\_\_ B97  B93 \_\_\_\_\_ KPUA

BILLING INSTRUCTIONS BROADCAST  CALENDAR \_\_\_\_\_ COOP \_\_\_\_\_

STATION	FLIGHT DATES	DAYPART	LENGTH	MON	TUE	WED	THU	FRI	SAT	SUN	SPOT COUNT	RATE	TOTAL
KWXX FM	5/20 - 6/28	6A-10A	30	1	1	1	1	1			30	\$17.00	\$510.00
KWXX FM	5/20 - 6/28	10A-3P	30	1	1	1	1	1			30	\$16.00	\$480.00
KWXX FM	5/20 - 6/28	3P-8P	30	1	1	1	1	1			30	\$16.00	\$480.00
KNWB FM	5/20 - 6/28	6A-10A	30	1	1	1	1	1			30	\$17.00	\$510.00
KNWB FM	5/20 - 6/28	10A-3P	30	1	1	1	1	1			30	\$16.00	\$480.00
KNWB FM	5/20 - 6/28	3P-8P	30	1	1	1	1	1			30	\$16.00	\$480.00
KPUA AM/FM	5/20 - 6/28	6A-10A	30	1	1	1	1	1			30	\$11.00	\$330.00
KPUA AM/FM	5/20 - 6/28	10A-3P	30	1	1	1	1	1			30	\$10.00	\$300.00
KPUA AM/FM	5/20 - 6/28	3P-8P	30	1	1	1	1	1			30	\$10.00	\$300.00

TOTAL 270 \$3,870.00

SPECIAL INSTRUCTIONS \_\_\_\_\_ TAX \$182.35 TOTAL \$4,052.35

[Signature]  
 ACCOUNT EXECUTIVE

[Signature]  
 CLIENT  
 TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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\*\*