

## CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Cyrus Johnasen, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Stacy K. Higa

Authorized committee:

Friends of Stacy Higa

Agency requesting time (and contact information):

N/A

Candidate's political party:

Non-partisan race

Office sought (no acronyms or abbreviations):

Hawaii County Mayor

Date of election:

August 8, 2020

General

Primary

Treasurer of candidate's authorized committee:

Laura Fujimoto

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:

*Cyrus Johnasen*

Signature:

*Aileen Antoque*

Name: Cyrus Johnasen

Name:

*Aileen Antoque*

Date of Request to Purchase Ad Time: ~~NTA~~ 7/22/20

Date of Station Agreement to Sell Time: 7/22/20

**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:

*Cyrus Johnasen*

Name: Cyrus Johnasen

Date: 5/4/20

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?  Yes  No Date ad received: 7/22/2020

**Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).**

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:

\*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 #: <u>831851632</u>	Station Call Letters: <u>KAPA FM, KKBG-FM</u>	Date Received/Requested: <u>7/22/2020</u>
Est. #:	Station Location: <u>913 Kaneohe Hwy, Hilo, HI 96720</u>	Run Start and End Dates: <u>7/23/20 - 8/1/20</u>

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.

# Sales Order

Stations: KAPA-FM, KKBG-FM Buyer: \_\_\_\_\_  
 Contract Name: FRIENDS FOR STACY HIGA Tax Schedule: \_\_\_\_\_ HI-GET  
 Contract#: \_\_\_\_\_ (none) Agency Commission %: 15  
 Start Date: 7/23/20 End Date: 8/01/20 Billing Cycle: Standard  
 Revenue Type: POLITICAL CANDIDATE Salesperson: 579POLI Comm %: 0  
 SPOT Type: Cash Makegood Policy: MAKEGOOD WITHIN CONTRACT  
 Advertiser: FRIENDS OF STACY HIGA DATES \_\_\_\_\_  
 Address: 720 LAUKAPU STREET  
 City: HILO State: HI Zip: 96720  
 Phone: ( ) 935-7220  
 Product Name: STACY HIGA FOR BIG ISLAND  
 Competitive Code: MAYOR

## KAPA-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION								RATE	TOTALS		PTY	
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk		D/W	SPOTS		\$\$
1	7/23/20	7/31/20		6:00 AM	10:00 AM	30	4	4	4	4	4			20	D	30.00	28	840.00	
2	7/23/20	7/31/20		3:00 PM	7:00 PM	30	4	4	4	4	4			20	D	25.00	28	700.00	
3	7/23/20	7/31/20		10:00 AM	3:00 PM	30	4	4	4	4	4			20	D	25.00	28	700.00	
4	7/25/20	8/01/20		6:00 AM	10:00 AM	30						4		4	D	15.00	8	120.00	
5	7/25/20	8/01/20		10:00 AM	3:00 PM	30						4		4	D	20.00	8	160.00	

TOTAL GROSS \$2,520.00, NET \$2,142.00

## KKBG-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION								RATE	TOTALS		PTY	
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk		D/W	SPOTS		\$\$
1	7/23/20	7/31/20		6:00 AM	10:00 AM	30	4	4	4	4	4			20	D	25.00	28	700.00	
2	7/23/20	7/31/20		3:00 PM	7:00 PM	30	4	4	4	4	4			20	D	25.00	28	700.00	
3	7/23/20	7/31/20		10:00 AM	3:00 PM	30	4	4	4	4	4			20	D	25.00	28	700.00	
4	7/25/20	8/01/20		6:00 AM	10:00 AM	30						4		4	D	20.00	8	160.00	
5	7/25/20	8/01/20		10:00 AM	3:00 PM	30						4		4	D	20.00	8	160.00	

TOTAL GROSS \$2,420.00, NET \$2,057.00

Billing Projections: By Month

	Jul 20	Aug 20
CA	2,810.00	2,155.00
ST	885.00	4,080.00

Print Spot Prices

KAPA/KAGB SIMULCAST

KKBG/KLEO SIMULCAST

MAHALO FOR YOUR BUSINESS!

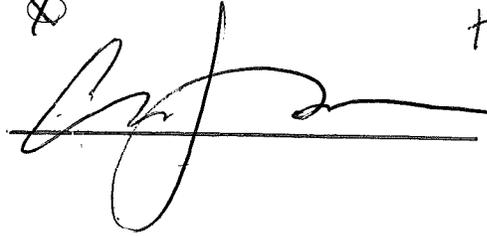
THE LICENSEE OF THIS STATION DOES NOT  
DISCRIMINATE IN THE SALE OF ADVERTISING TIME  
ON THE BASIS OF RACE OR ETHNICITY AND WILL  
ACCEPT NO ADVERTISING FROM ANY  
ADVERTISER FOR PLACEMENT WHICH ILLEGALLY  
DISCRIMINATES ON THE BASIS OF RACE OR  
ETHNICITY.

TOTAL SPOTS	200
GROSS TOTAL \$	4,940.00
ADJUSTED SPOTS	200
ADJUSTED TOTAL \$	4,940.00

minus 15% (741)

APPROVE

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4199.00

tax 197.86

\$ 4396.86