

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

Name: Cyrus Johnasen

Signature:

Aileen Antoque

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 #:

831851632

Station Call Letters:

KAPA FM, KKBG-FM

Date Received/Requested:

7/22/2020

Est. #:

Station Location:

*913 Kaneohe Ave
Hilo, HI 96720*

Run Start and End Dates:

7/23/20 - 8/1/20

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

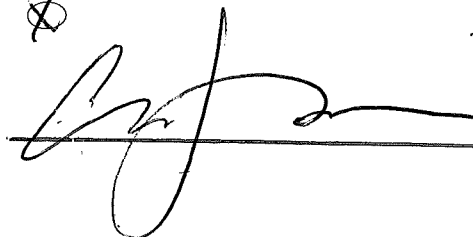
KKBG/KLEO SIMULCAST

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

APPROVE

~~Ø~~


minus 15% <741>

4199.00

tax 197.86

\$ 4396.86