



ARIZONA'S HOMETOWN RADIO GROUP
 P.O. Box 26523 Prescott Valley, AZ 86312
 Phone (928) 445-8289
 Toll Free 1-800-264-5449
 Fax (928) 442-0448

Order Date 1/16/22
 Advertiser Name Karen Fann

Agency _____
 Billing Name _____
 Mailing Address _____
 City/State/Zip _____
 Telephone/Fax _____
 Authorized Person Karen Fann

Title _____
 Signature _____
 Website _____
 Invoice: Mail: E-mail:
 E-mail Address _____

KPPV _____ Start _____ Stop _____ # Months _____ Cost Per Month _____ Order ID _____

KDDL _____ Start _____ Stop _____ # Months _____ Cost Per Month _____ Order ID _____

KQNA 1/21/22 7/30/22 1 399 _____
 Start Stop # Months Cost Per Month Order ID

JACK _____ Start _____ Stop _____ # Months _____ Cost Per Month _____ Order ID _____

JUAN _____ Start _____ Stop _____ # Months _____ Cost Per Month _____ Order ID _____

KXBB _____ Start _____ Stop _____ # Months _____ Cost Per Month _____ Order ID _____

Acct. Rep Diantucker New Renewal Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KQWA 50	C		399	:30
M-Sun	8p-5a	KQWA 20	B		2	:30

Remote: _____
 Date _____ Hours _____ Cost Per Hour _____ Total _____

Sponsorship _____ FOR KXBB ONLY: _____
 Time/Feature/Station _____ Primary Domain Portal _____

Website: _____
 Start _____ Stop _____ Type _____ Cost Per Month _____

Promotion: _____
 Name _____ Prize _____

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 399 mo.

Invoice Copies 1 Script Affidavit Y N Agency Commission 0% National Rep Commission 0%

Payment Type: Bill Collect Pre-Bill Credit Card

Billing Statement Cycle:
 Calendar Broadcast
 End of Schedule Demand
 Weekly None Other

Additional billing instructions:
Paid
"Ken Bennett"

Invoice Type:
 Customer ID _____
 None Times Only
 Summary Detail Affidavit
 Times Affidavit Detail
 Notarized Y N
 Co-op Y N

Production Codes:
 Primary 39
 Secondary _____
 Silent Shopper Cost _____

Check Here:
 If Political Govt
 Non-Profit
 Donation/Sponsor
 P.O. Submitted Y N

If not, when will it be submitted? _____

Ad from what source? _____

Gross Net
 Rate: \$ 399
 +/- _____
 Sub _____
 Tax: 10.97
 Monthly Due \$ 409.97
 Note: \$20 Fee For NSF Checks

DISCLAIMER: Our stations do not discriminate in the acceptance of placement of advertising on the basis of race, gender or ethnicity. Any order for advertising or advertising contract which includes any restrictions on the placement of the advertising based on race, gender or ethnicity will not be accepted.

**ISSUE (Non-candidate) ADVERTISEMENT
AGREEMENT FORM**

I, Karen Fann, hereby request station time as follows: See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

Check one:

Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level.

Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Station time requested by: Karen Fann

Agency name: _____

Address: _____

Contact: _____	Phone number: _____	Email: _____
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Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):

Name: _____

Address: _____

Contact: _____	Phone number: _____	Email: _____
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Station is authorized to announce the time as paid for by such person or entity.

List ALL of the chief executive officers or members of the executive committee or board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary):

By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s).

If ad refers to a federal candidate(s) or federal election, list ALL of the following: N/A

Name(s) of every candidate referred to: Ken Bennett

Office(s) sought by such candidate(s) (no acronyms or abbreviations): Arizona State Senate CD1

Date of election: _____

Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary: N/A

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

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor	Station Representative
Signature: <i>Karen Fann</i>	Signature: <i>Dian Tucker</i>
Name: <i>Karen Fann</i>	Name: <i>Dian Tucker</i>
Date of Request to Purchase Ad Time: <i>4/17/22</i>	Date of Station Agreement to Sell Time: <i>4/17/22</i>

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received: _____

Note: Must have separate PB-19 forms (or the equivalent, e.g., addendums) for each version of the ad (i.e., for every ad with differing copy).

If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.

Disposition:

- Accepted
 Accepted IN PART (e.g., ad not received to determine content)*
 Rejected – provide reason (optional):

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any:

Contract #:	Station Call Letters: <i>KQWA</i>	Date Received/Requested: <i>4/17/22</i>
Est. #:	Station Location: <i>Prescott AZ</i>	Run Start and End Dates: <i>4/21-7/20/22</i>

For national issue ads only (not required for state/local issue ads):


Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.


KAREN FANN 12-03
5691 HOLE IN ONE DRIVE
PRESCOTT, AZ 86301

91-532
1221

5931

DATE 6-14-22

PAY TO KQNA
THE ORDER OF Four hundred nine & 97/100 \$ 409.97
DOLLARS  Security Features
Detailed on Back

 NBIAZ
PRIVATE BANK
MBMO Limit of

Karen Fann

⑆ 122105320⑆ 0433005413⑆ 5931

SECURITY ONLY