

Broadcast Contract

Friends of Jenn Kagiwada
1807 Waiianuenue Avenue
Hilo, HI 96720

Start Date 10/19/22	Contract# 831853732	Mod# 1
End Date 11/02/22	Date Entered 10/13/22	Date Last Modified 10/19/22
Advertiser Friends of Jenn Kagi		Station Market KAPA-FM,KKBG-FM
Product FRIENDS OF JENN		SalesRep/Office Aileen Antoque

Calendar Billing Cycle Estimate#

KAPA-FM

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE
			LINE	REMARK								
1	WE 10/19/22 WE 11/02/22	06:00A-10:00A	30		2	1	1	1	2	--	7	\$35.00
2	WE 10/19/22 WE 11/02/22	10:00A-03:00P	30		1	1	1	1	1	--	5	\$30.00
3	WE 10/19/22 WE 11/02/22	03:00P-07:00P	30		1	2	1	2	1	--	7	\$30.00
4	SA 10/22/22 SU 10/30/22	06:00A-10:00A	30		--	--	--	--	--	2	2	\$10.00
5	SA 10/22/22 SU 10/30/22	10:00A-03:00P	30		--	--	--	--	--	1	1	\$20.00

KKBG-FM

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE
			LINE	REMARK								
1	WE 10/19/22 WE 11/02/22	06:00A-10:00A	30		2	1	1	2	1	--	7	\$30.00
2	WE 10/19/22 WE 11/02/22	10:00A-03:00P	30		1	2	1	1	2	--	7	\$25.00
3	WE 10/19/22 WE 11/02/22	03:00P-07:00P	30		1	1	2	1	1	--	6	\$25.00
4	SA 10/22/22 SU 10/30/22	06:00A-10:00A	30		--	--	--	--	--	1	1	\$10.00
5	SA 10/22/22 SU 10/30/22	10:00A-03:00P	30		--	--	--	--	--	2	2	\$15.00

-----Tax Detail-----

HI-GET W-20361128-01 \$ 112.15

Tax Total: \$ 112.15

* Tax calculations are an estimate based on the order as contracted. Actual taxes due will appear on the invoice

-----Additional Comments----- Total Spots Spots Total\$ Agency Commission Net Gross

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

Name	Title	Name	Title
See reverse for accepted terms and conditions, if any			Page 1

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109 2,800.00 \$420.00 \$ 2,492.15 \$ 2,800.00

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.

Billing Projections: By Month

	Oct 22	Nov 22
CA	2,370.00	430.00
ST	2,130.00	670.00

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

Name Title

See reverse for accepted terms and conditions, if any

Name

Title

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CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Jennifer Kagiwada, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➡

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Jennifer "Jenn" Kagiwada

Authorized committee:

Friends of Jenn Kagiwada

Agency requesting time (and contact information):

☒ N/A

Candidate's political party:

Dem

Office sought (no acronyms or abbreviations):

Hawaii County Council, District 2

Date of election:

Nov 8, 2022

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

Geoff Bower

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.

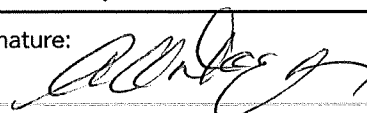
Candidate/Committee/Agency

Station Representative

Signature:



Signature:



Name:

Jennifer Kagiwada

Name:

Aileen Antique

Date of Request to Purchase Ad Time:

10/17/22

Date of Station Agreement to Sell Time:

10/18/22

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:

Date:

TO BE COMPLETED BY STATION ONLYAd submitted to Station? ☐ Yes ☐ No Date ad received: _____**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 #: 831853732

Station Call Letters: KAPA/KAGB
KKBC/KLED

Date Received/Requested:

October 18, 2022

Est. #:

Station Location: 913 Kamehameha Ave
Hilo, HI 96720

Run Start and End Dates:

10/19/22 to 11/02/2022

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.