

Juneau Alaska Communications  
3161 Channel Dr., Suite 2  
Juneau, Alaska 99801  
907-586-3630

# KXXJ-AM / 1330 KXXJ Order Confirmation

OrderID: 3018-002

Sponsor: KELLY FISHLER FOR ASSEMBLY  
Product: KELLY FISHLER FOR ASSEMBLY  
Estimate/PO:  
AccountRep: Angel Montgomery  
BillingCycle: Broadcast Month  
InvoiceType: Detail  
Run Dates: 9/27/2021 - 10/31/2021  
Items Ordered: 20  
Ordered Amount: \$256.70  
+Juneau Sales Tax \$12.84  
Total Amount: \$269.54

KELLY FISHLER FOR ASSEMBLY  
4442 COLOMBIA BLVD  
JUNEAU, AK 99801

**Scheduled Station(s): KINY-AM / KXXJ-AM / KTKU-FM \*\*\* Only KXXJ-AM schedule on this confirmation\*\*\***  
KELLY FISHLER FOR ASSEMBLY

Printed 9/29/2021 4:44:44 PM

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 10/1/2021 - 10/3/2021	All Weeks	06:00 AM - 10:00 AM					2	2	2	6	:30	6a-10a			6	14.00	84.00
02 10/1/2021 - 10/3/2021	All Weeks	03:00 PM - 07:00 PM					2	2	2	6	:30	3p-7p			6	11.67	70.02
03 10/4/2021 - 10/10/2021	All Weeks	06:00 AM - 10:00 AM	2	2						4	:30	6a-10a			4	14.00	56.00
04 10/4/2021 - 10/10/2021	All Weeks	03:00 PM - 07:00 PM	2	2						4	:30	3p-7p			4	11.67	46.68

**Broadcast Month Projected Billing:**

Oct-21	256.70	Nov-21	0.00	Dec-21	0.00	Q4-2021	256.70
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Confirmed Correct; Payment Guaranteed

Accepted for KXXJ-AM / 1330 KXXJ

# Airtime Booking Contract

v.2015-10-22

Client Name Kelly Fishler For Assembly		Client #	Account Manager Rep
Type	Commercial Sponsorship Political PSA Promotional	Account New Add to Revision	Bill When Monthly
Campaign Description: Kelly Fishler For Assembly		Account Type Cash	Cart #
Co-Op	NO	Unique Date/Time 9/29/21 15:52	

**NONDISCRIMINATION POLICY:**  
We do not discriminate in advertising contracts on the basis of race or gender. Any provision in any order or agreement for advertising that purports to discriminate on the basis of race or gender, even if handwritten, typed or otherwise made a part of a particular contract is hereby rejected.

Special Instructions and Cart # For Lines If More than 1 Cart Required

KINY, KXJ and TAKU

(Combo)

Week Commencing	End Date	Start Time	End Time	Spon	Audio Type	Length	Unit Price	M	T	W	T	F	S	S	#Wks	Units/Wk	\$/Wk	Total
A															0	0	\$0.00	\$0.00
B															0	0	\$0.00	\$0.00
C															0	0	\$0.00	\$0.00
D															0	0	\$0.00	\$0.00
E															0	0	\$0.00	\$0.00
F															0	0	\$0.00	\$0.00
G															0	0	\$0.00	\$0.00
H															0	0	\$0.00	\$0.00
I	27-Sep-21	10:00 AM	6:00 AM	10:00 AM	COM	:30	\$ 42.00						2	2	1	6	\$252.00	\$252.00
J	27-Sep-21	7:00 PM	3:00 PM	7:00 PM	COM	:30	\$ 35.00						2	2	1	6	\$210.00	\$210.00
K															0	0	\$0.00	\$0.00
L	4-Oct-21	10:00 AM	6:00 AM	10:00 AM	COM	:30	\$ 42.00	2	2						1	4	\$168.00	\$168.00
M	4-Oct-21	7:00 PM	3:00 PM	7:00 PM	COM	:30	\$ 35.00	2	2						1	4	\$140.00	\$140.00
N															0	0	\$0.00	\$0.00
O															0	0	\$0.00	\$0.00
P															0	0	\$0.00	\$0.00
Q															0	0	\$0.00	\$0.00
R															0	0	\$0.00	\$0.00
															Units		Subtotal	\$770.00
															Total		Agency	\$770.00
																	Subtotal	\$770.00
																	Tax Rate	5.00%
																	Sale Tax	\$38.50
																	Total W/Tax	\$808.50

Additional Charge "A" (Specify)

Additional Charge "B" (Specify)

Months' Investment											
Jan	Feb	Mar	Apr	May	Jun						
Jul	Aug	Sep	Oct	Nov	Dec						

Total Investment	Total Check - Month to Weeks
\$0.00	TryAgain

(signature)

(Please Date)

(Please Print Name)

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Kelly Fishler, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE →

☐

FEDERAL CANDIDATE

☒

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Kelly Fishler

Authorized committee:

N/A

Agency requesting time (and contact information):

☒ N/A

Candidate's political party:

N/A

Office sought (no acronyms or abbreviations):

District 2 Assembly representative

Date of election:

October 5th, 2021

☒

General

☐

Primary

Treasurer of candidate's authorized committee:

/

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:

Kelly G. Fishler

Signature:

Donya Owens

Name:

Kelly G. Fishler

Name:

Donya Owens

Date of Request to Purchase Ad Time: 09/29/21

Date of Station Agreement to Sell Time: 09/29/21

**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:

*Kelly G. Fishler*

Name:

*Kelly G. Fishler*

Date:

*9-15-21***TO BE COMPLETED BY STATION ONLY**

Ad submitted to Station?

☒

Yes

☐

No

Date ad received: *9-15-2021*

**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 #:

*3018-002*

Station Call Letters:

*KXXJ*

Date Received/Requested:

*9/29/21*

Est. #:

*N/A*

Station Location:

*Orlando*

Run Start and End Dates:

*10/1-10/5*

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.