



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

<input checked="" type="checkbox"/> KPPV	3/4/24	3/24/24	2	157.50	#017
Start		Stop	# Weeks	Cost Per Week	Order ID
<input checked="" type="checkbox"/> KDDL	3/4/24	3/24/24	2	122.50	#018
Start		Stop	# Weeks	Cost Per Week	Order ID
<input checked="" type="checkbox"/> KQNA	3/4/24	3/24/24	2	122.50	#019
Start		Stop	# Weeks	Cost Per Week	Order ID
<input checked="" type="checkbox"/> JACK	3/4/24	3/24/24	2	122.50	#020
Start		Stop	# Weeks	Cost Per Week	Order ID
<input type="checkbox"/> JUAN				122.50	
Start		Stop	# Months	Cost Per Month	Order ID

Order Date: 2/1/24

Advertiser Name: Zipperman for Arizona
 (Candidate LD1)

Agency: _____

Billing Name: _____

Mailing Address: PO Box 13156

City/State/Zip: Prescott AZ 86304

Telephone/Fax: 928-263-5575

Authorized Person: David Krehta
 (Campaign Manager)

Title: _____

Signature: Please see attached

Website: _____

Invoice: _____

Mail: E-mail:

E-mail Address: _____

Acct. Rep: Diantucker New Renewal

Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	Sa-Sp	KPPV	2/day	C		
M-Sun	Sa-Sp	KPPV	2/day	B		
M-Sun	Sa-Sp	KQNA	2/day	C		
M-Sun	Sa-Sp	KQNA	2/day	B		
M-Sun	Fa-Sp	KDDL	2/day	C		
M-Sun	Sa-Sp	KDDL	2/day	B		
M-Sun	Sa-Sp	JACK	2/day	C		
M-Sun	Sa-Sp	JACK	2/day	B		

2 weeks p/ month

Weeks of: 3/4 - 3/10
3/18 - 3/24

KPPV #315 KQNA #245 KDDL #245 JACK #245

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 1050 ^{week}

Invoice Copies: 1 Script Affidavit Y N Agency Commission: 7% 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: NAB is in
cc change 3/1/24

Invoice Type: 12863 2/1/24

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: \$ 1050

+/- _____

Sub: _____

Tax: 21

Monthly Due \$ \$1071

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.