KONA 94.7	KPPV 61625	7 30 2 Total Stop #Months 0	Cost Per Month Order ID	
ARIZONA'S HOMETOWN RADIO GROU	KQNA COLORY		Cost Per Month Order ID	
P.O. Box 26523 Prescott Valley, AZ 86312	JACK Start	Stop 3024 # Months (Cost Per Month Order ID	
Phone (928) 445-8289 Toll Free 1-800-264-5449 Fax (928) 442-0448	Start	Stop #-Months	Cost Per Month Order ID	
CATTLE COUNTRY INALITY PRINCEPTY	Start	Stop # Months (Cost Per Month Order ID	
Order Date	Start	Stop # Months (Cost Per Month Order ID	
Bennett for Senate Advertiser Name	Acct. Rep	New Renewal	Approved by Az Hometown Radio	
Agency	Days Time Range	Station # of Ads Typ		
Billing Name	_ M-Sun 5a-8p	KAPV 1100 806		
2150 Ewin Dr	11 -Son 5a-80	KDDL 124 1000		
Mailing Address	5 M-Sun 5a-8h	KRNA 158 6.6		
City/State/Zip 928-445-2949		100	1110	
Telephone/Fax	9 This S	chedule w	il be	
Authorized Person	- back to	back wi	th SelinaBl	
Title 12 D	Remote:		Jan Knows-	
Signature Schull	Date	Hours Cost Per		
	Sponsorship	ure/Station FÓR KXBB	ONLY: Primary Domain Portal	
Website Invoice:	Website:	TREATE CON LINE OF THE PROPERTY OF THE PROPERT		
Mail: ☑ E-mail: □	Start	Stop Type	Cost Per Month	
E-mail Address	Promotion:	Prize		
Billing Basis: ☐ Per Broadcast \$ea. ĎPer Package/mo. \$4393, 22mo.				
Invoice Copies Script Affidavit				
Payment Type: Bill Ir	voice Type:	Check Here:	Gross Net Net	
	ustomer ID	If Political Govt D	Rate: \$ 4393.20	
	one ☐ Times Only ☐ ummary ፟ Detail Affidavit ☐	Non-Profit Donation/Sponsor	+/-	
End of Schedule Demand Ti	mes Affidavit Detail Detail	P.O. Submitted Y	Sub	
A 1 1/2 1 1 1/10 1 1 1 1/10	otarized □Y □N o-op □Y □N		Tax: \$7.86	
Chalolote Will	roduction Godes:	If not, when will it	Monthly Due \$	
	rimary 39 econdary	be submitted?	STATE OF	
21 2 4	lent Shopper Cost	Ad from what source?	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.

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.				
1, Nen Sennett	, hereby request station time as follows:			
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCKS MUST BE COMPLETED				
Candidate name: Ken Bennett				
Authorized committee: Bennett For Senatel				
Agency requesting time (and contact information):				
N/A				
Candidate's political party:				
Office sought (no acronyms or abbreviations): A 2 State Senator				
Date of election: General Primary				
Treasurer of candidate's authorized committee:				
The undersigned represents that:				
(1) the payment for the broadcast time requested has been fur	nished 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.				
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: Slu Blimeth	Signature:			
Name: Ken Bennett	Name: Dantocker			
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:			

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 Commit	tee/Agency			
Signature:				
Name:				
Date:				
TO BE COMPLETED BY STATION ONLY				
Ad submitted to Station? Yes No				
Date ad received:				
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 (optional):				
*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 #:	Station Call Letters: KAPPV KOWHT KOOL JACK	Date Received/Requested:		
Est. #:	Station Location:	Run Start and End Dates:		
use this space to document schedule purchased or attach separately. If sta	(or traffic system print-out) or other documents of time purchased, when spots actually aired ation will not upload the actual times spots aire that information immediately should be place	, the rates charged and the classes of time ed until an invoice is generated, the name		

#\$122102350: 5798874781 1028 NATIONAL BANK OF ARIZONA PRESCOTT, AZ 86305 2150 EWIN DR. BENNETT FOR SENATE Dennett for Scipte Franky One & 08/100 DOLLARS A 1028

電