## Order #1295186: Mulhern Ad../Eichenberg../MayJun24 c../

Date	Action Line	Comment	By To	al \$	# Spots	Expected GRP
05/14/24 3:40:1	2 PM Processed	<async process=""></async>	Jennifer Jo	\$945.00	21	0.00
05/14/24 3:17:5	9 PM Approved		Rachel Ca	\$945.00	21	0.00
05/14/24 3:17:5	8 PM Approval Workflow	[Centralized AR - Business Office Approval Needed Default]	Rachel Ca	\$945.00	21	0.00
05/14/24 3:11:1	1 PM Approval Workflow	[Sales Manager - Ready Default]	Jeff Berry	\$945.00	21	0.00
05/14/24 2:59:3	8 PM Ready for approval	[bypass] New.	Scott Stie	\$945.00	21	0.00
05/14/24 10:32:2	0 AM New order created	Copied from Order #1295130C	Scott Stie	\$945.00	21	0.00

[Sorted by: Date]

## **ORDER**

Alt Order #:		_	
Product Desc:	MayJun24 campaign schedule	_	
Estimate:		_	KOBQ-FM
Flight Dates:	05/20/24 - 06/04/24	Primary AE:	Scott Stiegler
Original Date / Rev:	05/14/24 / 05/14/24	Sales Office:	L-ALB
Order Type:	GENERAL	Sales Region:	Local
Name:	Mulhern Advertising Inc		
Buying Contact:		- Billing Type:	Cash
Billing Contact:	Ann AP	Billing Calendar:	Calendar
	9228 Wind Caves Way NW	Billing Cycle:	EOM/EOC
	Albuquerque, NM 87120	Agency Commission:	15%
Name:	Eichenberg/D/County Treasurer		
Demographic:	A25-54	New Business End:	
Product Codes:	Candidates	Advertiser External ID:	
Revenue Code 1:	AGY-AVAIL	Agency External ID:	
Revenue Code 2:	POL-CAND	Unit Code:	General
Revenue Code 3:	POL-LR	Order Separation:	00:45:00
Priority:	P-100		
	Estimate: Flight Dates: Original Date / Rev: Order Type:  Name: Buying Contact: Billing Contact:  Name: Demographic: Product Codes: Revenue Code 1: Revenue Code 2: Revenue Code 3:	Estimate: Flight Dates: 05/20/24 - 06/04/24 Original Date / Rev: 05/14/24 / 05/14/24 Order Type: GENERAL  Name: Mulhern Advertising Inc  Buying Contact: Ann AP 9228 Wind Caves Way NW Albuquerque, NM 87120  Name: Eichenberg/D/County Treasurer Demographic: A25-54 Product Codes: Candidates Revenue Code 1: AGY-AVAIL Revenue Code 3: POL-LR	Estimate: Flight Dates: 05/20/24 - 06/04/24 Primary AE: Original Date / Rev: 05/14/24 / 05/14/24 Sales Office: Order Type: GENERAL Sales Region:  Name: Mulhern Advertising Inc  Buying Contact: Billing Type: Billing Contact: Billing Calendar: Billing Calendar: Billing Calendar:  9228 Wind Caves Way NW Billing Cycle: Albuquerque, NM 87120 Agency Commission:  Name: Eichenberg/D/County Treasurer  Demographic: A25-54 New Business End: Product Codes: Candidates Advertiser External ID: Revenue Code 1: AGY-AVAIL Agency External ID: Revenue Code 2: POL-CAND Unit Code: Revenue Code 3: POL-LR Order Separation:

## Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
05/01/24	05/31/24	17	\$765.00	\$650.25
06/01/24	06/04/24	4	\$180.00	\$153.00

## Totals

Month	# Spots	Gross Amount	Net Amount	Rating
May 2024	17	\$765.00	\$650.25	0.00
June 2024	4	\$180.00	\$153.00	0.00
Totals	21	\$945.00	\$803.25	0.00

## **Account Executives**

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Scott Stiegler	L-ALB	Local	Start Of Order - End Of Order	100%

Ln Ch Start	End	Inventory Code	Break	Start/End T	ime Days	Len Sp	ots	Rate Pri Rtg Type	Spots	Amount
N 1 KOBQ 05/20/2	4 06/04/24	M-F AM Drive	CM	7:00 AM-9:0	0 AM 21222	:30	9	\$45.00P-40 0.00 NN	1 21	\$945.00
		M-F		(7:00 AM-9:0	0 AM)					
Start Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	Rating					
Week: 05/20/24	05/26/24	21222	9	\$45.00	0.00					
Week: 05/27/24	06/02/24	-2222	8	\$45.00	0.00					
Week: 06/03/24	06/09/24	22	4	\$45.00	0.00				J	

\*Tax 1 Note: Albuquerque 7.625%. Totals 21 \$945.00

## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See Order for proposed schedule and charge	s. See <b>Invoice</b> for actual schedule and charges.	
I, Ann Mulhern	, hereby request station time as follows:	
IDENTIFY CANDIDATE TYPE	DERAL CANDIDATE ATE OR LOCAL CANDIDATE	
ALL QUESTIONS/BLOG	CKS MUST BE COMPLETED	
Candidate name:		
Tim Eichenberg		
Authorized committee:		
Paid for by Tim Eichenberg for County Treasurer, Vivian L. We	idner, Treasurer	
Agency requesting time (and contact information):		
N/A Mulhern Advertising Inc. , Ann Mulhern 505-205-2	2737 voice or text	
Candidate's political party:		
Democrat		
Office sought (no acronyms or abbreviations):		
Bernalillo County Treasurer		
Date of election: June 4, 2024	General Primary	
Treasurer of candidate's authorized committee:		
Vivian L. Weidner,		
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 car	ndidate listed above;	
(2) this station is authorized to announce the time as paid fo	r by such person or entity; and	
(3) this station has disclosed its political advertising policies,		
and other sales practices (not applicable to federal candi		
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DI IN THE PLACEMENT OF ADVERTISING.	SCRIMINATION ON THE BASIS OF RACE OR ETHNICITY	
Candidate/Committee/Agency	Station Representative	
Signature:	Signature:	
Ann Mulhern Date: 2024.05.10 13:54:40 -06'00'	Name: Brenda Romen	
Name: Ann Mulhern	Name: Povenda Komen	
Date of Request to Purchase Ad Time: 5/10, 2024	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 Committee/A	Candidate/Authorized Committee/Agency				
Signature: Ann Mulhern	Digitally signed by Ann Mulh Date: 2024.05.10 13:56:09 -				
Name: Ann Mulhern					
Date: 5/10/24					
то	BE COMPLETED BY STATION ON	LY			
Ad submitted to Station? Yes  Note: Must have separate PB-19 Form	No Date ad received:ns for each version of the ad (i.e., for e	very ad with differing copy).			
Federal candidate certification signed (ab	ove): Yes No	N/A			
Rejected – provide reason:	not yet received to determine sponsor ID)				
Date and nature of follow-ups, if any (e.g.	, insufficient sponsor ID tag):				
Contract #: 1295130 C	ontract #: Date Received/Requested:				
Est. #:	Station Location: HIMQUERGUE	Run Start and End Dates: 5.20.2024			
use this space to document schedule of ti	affic system print-out) or other documents of me purchased, when spots actually aired, to will not upload the actual times spots aired information immediately should be placed	until an invoice is generated, the name			

the OPIF.

# Proposed Schedule

May 20-June 4, 2024

# **News Radio KKOB**

5:30 commercials Monday-Friday 3-6pm during the TJ Trout Show (week of 5/20) (\$80 each) 6:30 commercials Tuesday-Friday 3-6pm during the TJ Trout Show (week of 5/27)

4:30 commercials Monday-Tuesday 3-6pm during the TJ Trout Show (June 3-4)

PLUS: 60:30 streaming commercials 5/20-6/4 on newsradiokkob.com, mobile apps and smart speakers (\$7 each)

## eD-FM (KDRF)

10 :30 commercials Monday-Friday 2-5pm (week of 5/20) (\$35 each) 10 :30 commercials Tuesday-Friday 2-5pm (week of 5/27)

4:30 commercials Monday-Tuesday 2-5pm (June 3-4)

## 92.3 KRST

9 :30 commercials Monday-Friday 8-10am (week of 5/20) (\$60 each)

8:30 commercials Tuesday-Friday 8-10am (week of 5/27)

4:30 commercials Monday-Tuesday 8-10am (June 3-4)

## 93.3 the Q (KOBQ)

9 :30 commercials Monday-Friday 7-9am (week of 5/20) (\$45 each)

8 :30 commercials Tuesday-Friday 7-9am (week of 5/27)

4:30 commercials Monday-Tuesday 7-9am (June 3-4)

Full schedule reaches 105,200 listeners an average of 2.9 times AND 36,916 unique monthly listeners

Nielsen Radio Ratings, Albuquerque Metro, January-March 2024 and Triton Media statistics January-March 2024, Persons 18+

Investment: \$4,665 + tax

Approved:













Market and/or Station: Albuquerque	salesperson: Scott Stiegler	Date: 5/13/24	(mm/dd/yyyy
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Credit Card Payment Authorization Form (Initial or New Credit Card)
I authorize Cumulus Media Inc. (CMI), and/or its subsidiary companies, to make charges to my Credit Card listed below, including recurring charges if indicated below, and if necessary, to initiate adjustments for any transactions charged in error. This authority will remain in effect until CMI has received written notification from me to cancel it. Notice must be received by CMI at least seven days prior to the recurring charge date in order to cancel the next payment. Effective May 15, 2023, except where prohibited by law, we will impose a 2.0% administrative fee on all credit card payments, or such higher fee as generally applied pursuant to company policy.
Customer/Legal Firm Name: Tin Ecclusery Trade Name: Time Ecclusery Treasurer
Street Address: 7800 CHANGER TR City/State/Zip: ALB NM 87109
Phone # Contact Name:Email  I authorize Cumulus to charge my credit card as selected below *:
l authorize Cumulus to charge my credit card as selected below *:
*All charges below will include an administrative fee on the amount authorized.
One Time Charge of: \$_4,267.60 Date: 5/13/24 (mm/dd/yyyy)
Recurring Charge Amount: \$ To Be Charged: Weekly – Monthly Recurring End Date:
Per attached approved payment schedule
Per Contract #: Maximum amount authorized to charge this card (per transaction) for this contract \$
Additional Information: (e.g., Invoice # to apply payment to, account #, etc.)
Credit Card Information (Please Print):
Cardholder Name Perly 7. Eicher Lacy Phone # 505 710 1305 Email Eichar back. Restty C 6 MA
Credit Card Number 4266 8417 4228 2153 11/2027 735  Expiration Date MM/YYYY Security Code
Cardholder Billing Address 2800 CHM (CAT)2 City PH3 State NM Zip Code 87109  As It appears on card holder's credit card statement
*************
Customer Authorization and Signature
By signing this authorization, I acknowledge that I have read and agree to all of the above, and that all information provided is
complete an accurate.
Cardholder's Signature Date 3 /13 / 3 9 / MM/DD/YYYY