	☐ KPP	<u>V</u>					
KONA 94.7	KDD	Start L (0)22/20	Stop	# Months	Cost Per Month	Order ID	
100.7FM BY SUPPLIES S	₩\KON	Start	Stop	# Months	Cost Per Month	Order ID	
RIZONA'S HOMETOWN RADIO GRO P.O. Box 26523 Prescott Valley, AZ 86312	JAC	Start	Stop	# Months	Cost Per Month	Order ID	
Phone (928) 445-8289 Toll Free 1-800-264-5449		Start	Stop	# Months	Cost Per Month	Order ID	
Fax (928) 442-0448		Start	Stop	# Months	Cost Per Month	Order ID	
5 20 20	<mark>KXB</mark>	Start (	Stop	# Months	Cost Per Month	Order ID	
Order Date  Committee to Elect  Advertiser Name	Acct. Re	an Tucko	New X	Renewal 🗌 –	Approved by Az Ho	ometown Radio	
Gaig Brown	Days	Time Ranç	ge Station	# of Ads T	ype Cost	Length	
Sandra Brown	D	daten:	(0/22	7/11		:305	
Billing Name	7 312W		7/13	- 5   1			
Mailing Address	DI		8/3	-84			
City/State/Zip	- 12h	DL 5	a-8p	45	20		
928-445-3767	_ 50	ansiA S	Q-80	\$5	199	·	
Telephone/Fax		_ SU	edul	e a	tachod		
Authorized Person	)		_				
Title	- Remote						
Landen Brown		Date	Hours	Cost P	er Hour Total		
Śignature	Sponso		eature/Station	FOR KXE	BB ONLY: Primar	y Domain Portal	
Website		7		A SALES AND A			
Invoice: Mail: ☐ E-mail: ☐	Websit	e: Start	Stop	Туре	Cost	Per Month	
E-mail Address	Promo	tion:		 Priz	70		
		1				$\cap$	
Billing Basis: ☐ Per Broadca	\ /				1902.31		
Invoice Copies Script Affidav	it □Y 💆N	Agency Comn	nission	% National F	Rep Commission	<u>/</u> %	
Payment Type: Bill	Invoice Type: 5/20/20			Check Here:		Net ☑	
Collect Pre-Bill Credit Card	Customer ID		- If Political	If Political ☐ Govt ☐		Rate: \$	
The same of the sa	None Times Only			Non-Profit ☐			
	Summary Detail Affidavit		Donation/	Donation/Sponsor ☐		+/	
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0 10 11 00		()//	If not whe	If not, when will it		Tax:	
	Production ( Primary 39	odes:	be submit		Monthly Due	e\$ I	
	Secondary					461	
, ,		ent Shopper  Cost		Ad from what source?		Note: \$20 Fee For NSF Checks	

## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.							
1, Crain Brown	, hereby request station time as follows:						
IDENTIFY CANDIDATE TYPE FEDERAL CANDIDATE							
STATE OR LOCAL CANDIDATE							
ALL QUESTIONS/BLOCK							
Candidate name: Caia Brown							
Authorized committee:							
Authorized committee:  Caicy Brown  Authorized committee:  Committee to Elect Craix Brown  Agency requesting time (and contact information):							
Agency requesting time (and contact information):							
N/A							
Candidate's political party:							
Kepublican							
0,000							
Yavapai County Supervison							
Date of election:  Office sought (no acronyms or abbreviations):  Office sought (no acronyms or acronyms							
Treasurer of candidate's authorized committee:							
Sandia Brown							
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.							
	C B						
Candidate/Committee/Agency	Station Representative						
Signature: Sandia Brown	Signature:						
Name: SANDRA BROWN	Name: Dien Luckon						
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 Committee/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: KQNA 4-KDD L	Date Received/Requested:				
Est. #:	Station Location:	Run Start and End Dates:				
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.						