



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



Order Date: 10/17/20
Advertiser Name: Quang Le LOZ
Agency: Conservatives for Duty
Billing Name: 3850 Love Lane
Mailing Address: Prescott AZ 86305
City/State/Zip: 237-6230
Telephone/Fax: _____
Authorized Person: Chris Kobayashi
Title: Chris Kobayashi
Signature: _____
Website: _____
Invoice: _____
Mail: E-mail:
E-mail Address: _____

<input checked="" type="checkbox"/> KPPV	10/9/20	11/2/20	1	571.50	
Start	Stop	# Months	Cost Per Month	Order ID	
<input checked="" type="checkbox"/> KDDL	10/9/20	11/2/20	1	390	
Start	Stop	# Months	Cost Per Month	Order ID	
<input checked="" type="checkbox"/> KQNA	10/9/20	11/2/20	1	449.25	
Start	Stop	# Months	Cost Per Month	Order ID	
<input type="checkbox"/> JACK					
Start	Stop	# Months	Cost Per Month	Order ID	
<input type="checkbox"/> JUAN					
Start	Stop	# Months	Cost Per Month	Order ID	
<input type="checkbox"/> KXBB					
Start	Stop	# Months	Cost Per Month	Order ID	

Acct. Rep: Diana Tucker New Renewal
Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KPPV	3 per day	C	7.62	:30
M-Sun	5a-8p	KQNA	3 per day	C	5.99	:30
M-Sun	5a-8p	KDDL	3 per day	C	5.20	:30

Remote: _____
Date _____ Hours _____ Cost Per Hour _____ Total _____
Sponsorship _____ FOR KXBB ONLY: _____
Time/Feature/Station _____ Primary Domain Portal _____

Website: _____
Start _____ Stop _____ Type _____ Cost Per Month _____
Promotion: _____
Name _____ Prize _____

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 1410.75 mo.
Invoice Copies 1 Script Affidavit Y N Agency Commission 0% 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:
Paying by check 10/17/20

Invoice Type: _____
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: \$ 1410.75
+/- _____
Sub _____
Tax: 38.80
Monthly Due \$ 1449.55
Note: \$20 Fee For NSF Checks

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Chris Kuknyo, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Quang Nguyen

Authorized committee:

Quang for LDI Arizona

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

LDI

Date of election:

11/3/20

General

Primary

Treasurer of candidate's authorized committee:

Chris Kuknyo

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.

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

Candidate/Committee/Agency

Signature:



Name:

Chris Kuknyo

Date of Request to Purchase Ad Time:

10/7/20

Station Representative

Signature:



Name:

Dian Tucker

Date of Station Agreement to Sell Time:

10/7/20

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: 10/7/20

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: <u>KPPV KQWA KODL</u>	Date Received/Requested: <u>10/7/20</u>
Est. #:	Station Location: <u>Prescott AZ</u>	Run Start and End Dates: <u>10/9 - 11/2/20</u>

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.