



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



9/14/20

Order Date

Advertiser Name: Committee to Elect

Agency: Craig Brown

Billing Name: Sandy Brown

Mailing Address: 3240 N. Fronthawk

City/State/Zip: Prescott AZ 86305

Telephone/Fax: 445-3767

Authorized Person: Sandra Brown

Title: Treasurer

Signature: [Handwritten Signature]

Website: \_\_\_\_\_

Invoice: Mail:  E-mail:

E-mail Address: \_\_\_\_\_

<input type="checkbox"/> KPPV	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KDDL	10/1/20	11/3/20	1	\$ 884	001
<input checked="" type="checkbox"/> KQNA	10/1/20	11/3/20	1	\$ 1018.30	
<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: Diantucke New  Renewal  Approved by Az Hometown Radio

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

\*5 per day x 34 days = 170 KDDL  
170 KQNA  
\*End @ 6pm on 11/3/20

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. \$ 1902.30 mo.

Invoice Copies \_\_\_\_\_ Script Affidavit  Y  N Agency Commission \_\_\_\_\_% National Rep Commission \_\_\_\_\_%

<b>Payment Type:</b> Bill <input checked="" type="radio"/> Collect <input type="radio"/> Pre-Bill <input type="radio"/> Credit Card <b>Billing Statement Cycle:</b> Calendar <input type="checkbox"/> Broadcast <input type="checkbox"/> End of Schedule <input type="checkbox"/> Demand <input type="checkbox"/> Weekly <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Additional billing instructions: Paid via credit card	<b>Invoice Type:</b> 12412 sm 9/14/20 Customer ID _____ None <input type="checkbox"/> Times Only <input type="checkbox"/> 9/14/20 Summary <input checked="" type="checkbox"/> Detail Affidavit <input type="checkbox"/> Times Affidavit <input type="checkbox"/> Detail <input type="checkbox"/> Notarized <input type="checkbox"/> Y <input type="checkbox"/> N Co-op <input type="checkbox"/> Y <input type="checkbox"/> N Production Codes: Primary 39 Secondary _____ Silent Shopper <input type="checkbox"/> Cost _____	<b>Check Here:</b> If Political <input type="checkbox"/> Govt <input type="checkbox"/> Non-Profit <input type="checkbox"/> Donation/Sponsor <input type="checkbox"/> P.O. Submitted <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If not, when will it be submitted? _____ Ad from what source? _____	Gross <input type="checkbox"/> Net <input checked="" type="checkbox"/> Rate: \$ 1902.30 +/- _____ Sub _____ Tax: 52.31 Monthly Due \$ 1954.61 Note: \$20 Fee For NSF Checks
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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.

I, Craig Brown, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Craig Brown

Authorized committee:

Committee to Elect Craig Brown

Agency requesting time (and contact information):

 N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Yavapai County Supervisor

Date of election:

11/3/20 - General

General

Primary

Treasurer of candidate's authorized committee:

Sandra Brown

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	Station Representative
Signature: <u>Sandra Brown</u> Name: <u>SANDRA BROWN</u> Date of Request to Purchase Ad Time:	Signature: <u>Dian Tucker</u> Name: <u>Dian Tucker</u> Date of Station Agreement to Sell Time: <u>9/14/20</u>

**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: 9/14/20

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:  
KDOL & KQWA

Date Received/Requested:  
9/24/20

Est. #:

Station Location:  
Prescott, AZ

Run Start and End Dates:  
10/1 - 11/3/20

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