



<input checked="" type="checkbox"/> KPPV	8/1/20	8/3/20	1	320.04	005
Start	Stop	# Months	Cost Per Month	Order ID	
<input type="checkbox"/> KDDL					
Start	Stop	# Months	Cost Per Month	Order ID	
<input checked="" type="checkbox"/> KQNA	8/1/20	8/3/20	1	251.58	006
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 Dian Tudor New Renewal Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
Sat-M	5a-8p	KPPV	14	1/day	\$320.04	:30
Sat-M	5a-8p	KQNA	14	per day	251.58	:30

AP Please use credit card on file ending in 0393
 Remote: email DT receipt

Sponsorship _____ FOR KXBB ONLY: _____
 Time/Feature/Station Primary Domain Portal

Website: _____
 Start Stop Type Cost Per Month

Promotion: _____
 Name Prize

Order Date 7/28/20
 Advertiser Name Polk for County Attorney
 Agency John Polk Treasurer
 Billing Name PO Box 2608
 Mailing Address Prescott AZ 86302
 City/State/Zip 771-0978
 Telephone/Fax David Hess
 Authorized Person Please see attached
 Title _____

Signature _____
 Website _____
 Invoice: _____
 Mail: E-mail:
 E-mail Address _____

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 571.62 mo.
 Invoice Copies 1 Script Affidavit Y N Agency Commission 0% National Rep Commission 0%

Payment Type: Bill Credit Card
 Collect Pre-Bill
 Billing Statement Cycle:
 Calendar Broadcast
 End of Schedule Demand
 Weekly None Other
 Additional billing instructions:
Paying via credit card
7/28/20

Invoice Type: 12411 sm 7/28/20
 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: \$ 571.62
 +/- _____
 Sub _____
 Tax: 15.72
 Monthly Due \$ 587.34
 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.