



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 9/14/20  
Advertiser Name Notes for Supervisor

Agency \_\_\_\_\_  
Billing Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip 928-649-3678  
Telephone/Fax \_\_\_\_\_  
Authorized Person Media Buyer  
Jay Ruby  
Title Please see attached  
Signature \_\_\_\_\_

Website \_\_\_\_\_  
Invoice: \_\_\_\_\_  
Mail:  E-mail:   
E-mail Address Jayruby3@gmail.com

<input type="checkbox"/> KPPV	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	Start <u>9/14/20</u>	Stop <u>10/15/20</u>	# Months <u>1</u>	Cost Per Month <u>\$129-</u>	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 New  Renewal  Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
<u>W-T-F</u>	<u>2p-3p</u>	<u>KQNA</u>	<u>1 per day</u>	<u>CP</u>	<u>12.90 = 129-</u>	<u>:60</u>
<u>(added 20% to Political rate for fixed position = 10.75 + 20% for FP \$2.15 = \$12.90)</u>						

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. \$ 129- 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 via credit card  
9/15/20

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: \$ 129-  
+/- \_\_\_\_\_  
Sub \_\_\_\_\_  
Tax: 3.55  
Monthly Due \$ \$132.55  
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.

# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, John Ruby, hereby request station time as follows:

**IDENTIFY CANDIDATE TYPE**

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

John Lutes

Authorized committee:

John Lutes for Yavapai County Board of Supervisors

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democratic Party

Office sought (no acronyms or abbreviations):

Yavapai County Board of Supervisors District #1

Date of election:

November 3, 2020

General

Primary

Treasurer of candidate's authorized committee:

Sandy Deville

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:

Signature:

Name: J. Ruby

Name: Dian Tucker

Date of Request to Purchase Ad Time: 3 Sep 2020

Date of Station Agreement to Sell Time: 9/14/20

**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: 9/11/20

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:

Date Received/Requested:

KROQ

9/11/20

Est. #:

Station Location:

Run Start and End Dates:

Prescott AZ

9/16 - 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.