



ZONA'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: 6/29/20
 Advertiser Name: Harry for BOS
 Agency: 1 Committee
 Billing Name: PO Box 4372
 Mailing Address: Prescott AZ 86302
 City/State/Zip: 420-2706
 Telephone/Fax: Harry Obere
 Authorized Person: Candidate
 Title: via phone
 Signature: _____
 Website: _____
 Invoice: _____
 Mail: E-mail:
 E-mail Address: _____

KPPV
 KDDL Start 6/30/20 Stop 8/4/20 # Months _____ Cost Per Month 403.20 Order ID 002
 KQNA Start 6/30/20 Stop 8/4/20 # Months _____ Cost Per Month 452.88 Order ID 002
 JACK
 JUAN
 KXBB
 Acct. Rep: Diana New Renewal Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KDDL	2 per day (72)	C	5600	:60
M-Sun	5a-8p	KQNA	2 per day (72)	C	6029	:60
NAB on file thru Primary 36 days total *Please email me the cc receipt (attached)						
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. \$ 856.08 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:
Credit card attached -
ron 6/29/20

Invoice Type: 2430 sm 6/29/20
 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: \$ 856.08
 +/- _____
 Sub _____
 Tax: 23.54
 Monthly Due \$ 879.62
 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.



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Order Date 6/19/20

Advertiser Name Harry Ben BOS

Agency 1 Committee

Billing Name Po Box 4372

Mailing Address 1300 R. [unclear]

City/State/Zip Prescott AZ 86302

Telephone/Fax 928-420-2706

Authorized Person Harry Okeng

Title Candidate

Signature Harry B Okeng

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	Start <u>6/21/20</u> Stop <u>8/4/20</u>	# Months _____	Cost Per Month <u>930.80</u>	Order ID <u>101</u>
<input checked="" type="checkbox"/> KQNA	Start <u>6/21/20</u> Stop <u>8/4/20</u>	# Months _____	Cost Per Month <u>1072.21</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 Dan Tucker New Renewal Approved by Az Hometown Radio

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KQNA	179	c	5.99	:30
M-Sun	5a-8p	KDDL	179	c	5.20	:30
<u>4 Ads per day</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. \$ 2003.01 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 credit card

Invoice Type: 12430-5m 6/19/20

Customer ID _____

None Times Only Summary Detail Affidavit

Times Affidavit Detail Notarized Y N

Co-op Y N

Production Codes: Primary 351

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: \$ 2003.01

+/- _____

Sub 55.09

Tax: 55.08

Monthly Due \$ 2058.10

2058.09

Note: \$20 Fee For NSF Checks

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CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Harry Oberg, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE ➔	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Harry Oberg

Authorized committee: Harry for BOS I Committee

Agency requesting time (and contact information):
 N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations):
Board of Supervisors

Date of election: August 4, 2020 General Primary

Treasurer of candidate's authorized committee:
John Stevens

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>Harry B Oberg</u> Name: <u>Harry B. Oberg</u> Date of Request to Purchase Ad Time: _____	Signature: <u>[Signature]</u> Name: <u>Dian Tuckan</u> Date of Station Agreement to Sell Time: <u>6/19/20</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: 6/19/20

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: KQWA & KDDL

Date Received/Requested: 6/19/20

Est. #:

Station Location: Prescott AZ 86301

Run Start and End Dates: 6/21-8/4/20

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.