



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: 11/15/21

Advertiser Name: Elect Noel Campbell

Agency: Ken Senate

Billing Name: 1460 N Mt Vernon Ave

Mailing Address: Prescott AZ 86301

Authorized Person: Noel Campbell
Candidate

Signature: Noel Campbell

Mail: E-mail:

E-mail Address: _____

<input checked="" type="checkbox"/> KPPV	11/17/21	12/7/21	<u>\$532-</u>		
<input type="checkbox"/> KDDL					
<input checked="" type="checkbox"/> KQNA	11/17/21	12/7/21	<u>\$319.00</u>		
<input type="checkbox"/> JACK					
<input type="checkbox"/> JUAN					
<input type="checkbox"/> KXBB					

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

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-F	<u>7:45am-5:15p</u>	KPPV	20	C	\$26.60	:60
M-Sun	8p-5a	KPPV	20	B	&	
M-F	<u>7:45am & 5:50pm</u>	KAWA		C	\$15.90	:60
M-Sun	8p-5a	KAWA		B	&	

Remotes: 11/17-11/22 (M-F)
11/30-12/7 (M-F)

Sponsorship: _____ FOR KXBB ONLY: 10 days
Time/Feature/Station Primary Domain Portal

Website: _____
Start Stop Type Cost Per Month

Promotion: _____
Name Prize

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 851.00 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:
paid by check
11/15/21

Invoice Type:
Customer ID _____
None Times Only
Summary Detail Affidavit
Times Affidavit Detail
Notarized Y N
Co-op Y N
Production Codes:
Primary _____
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: \$ 851.00
+/- _____
Sub _____
Tax: 23.41
Monthly Due \$ 874.61
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, Noel Campbell, 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: Noel Campbell

Authorized committee: Elect Noel Campbell for Senate

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

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): Senate

Date of election: Aug 2, 2022 General Primary

Treasurer of candidate's authorized committee: Tim Siefert

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: <u>NOEL CAMPBELL</u>	Name: <u>Dian Tucker</u>
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: <u>11/15/21 1:51 pm</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: *Noel Campbell*

Name: *Noel Campbell*

Date: *11/15/21*

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: *11/15/21 (recorded @ KPPV KQWA Studio)*

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: <i>KPPV & KQWA</i>	Date Received/Requested: <i>11/15/21</i>
Est. #:	Station Location: <i>Prescott AZ</i>	Run Start and End Dates:

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.