

KCDZ-FM
 6448 HALLEE RD., STE. 5
 JOSHUA TREE, CA 92252
 760-366-8471
 , U.S.

DONNA MUNOZ FOR COUNTY SUPERVISOR 20

Advertiser ID: 1518 Amount Paid

1518-00002-0000	5/31/2016	1
Official Invoice	Date	Page

DETACH AND RETURN WITH PAYMENT

1518-00002-0000 O 5/31/2016 1

DONNA MUNOZ FOR COUNTY SUPERVISOR 2016
 P.O. BOX 607
 MORONGO VALLEY, CA 92256 US

Purchase Order Number:

Est. Number:

Co-Op:

Description:

Salesperson: Daigneault, Cindy

Date	Day	Length		Qty	Rate	Total
5/27/2016	Fri	:30	KCDZ-FM 11:14:30 AM 01:46:00 PM 03:29:30 PM 08:07:30 PM	4	\$14.00	\$56.00
5/28/2016	Sat	:30	KCDZ-FM 12:45:00 PM 01:45:30 PM 04:32:00 PM	3	\$14.00	\$42.00
5/31/2016	Tue	:30	KCDZ-FM 04:49:00 PM 07:23:00 PM 08:35:00 PM 09:33:30 PM	4	\$14.00	\$56.00
			Log Event: 21:00 HOT MIX			
5/28/2016	Sat	:30	KCDZ-FM 09:36:00 PM	1	\$14.00	\$14.00

Deduct 2% (on CURRENT BALANCE ONLY),IF PAID BY the 10th. WE ACCEPT CREDIT CARDS!

Quantity	12	Total	\$168.00
Total Due			\$168.00

INVOICE

KCDZ-FM
 6448 HALLEE RD., STE. 5
 JOSHUA TREE, CA 92252
 760-366-8471
 , U.S.

DONNA MUNOZ FOR COUNTY SUPERVISOR 20

Advertiser ID: 1518 Amount Paid

1518-00002-0001	6/6/2016	1
Official Invoice	Date	Page

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1518-00002-0001 O 6/6/2016 1

DONNA MUNOZ FOR COUNTY SUPERVISOR 2016
 P.O. BOX 607
 MORONGO VALLEY, CA 92256 US

Purchase Order Number:

Est. Number:

Co-Op:

Description:

Salesperson: Daigneault, Cindy

Date	Day	Length		Qty	Rate	Total
6/1/2016	Wed	:30	KCDZ-FM 01:22:30 PM 03:45:00 PM 07:21:00 PM 09:33:00 PM	4	\$14.00	\$56.00
6/2/2016	Thu	:30	KCDZ-FM 06:18:00 AM 11:45:00 AM 04:30:30 PM 04:48:00 PM 05:31:00 PM 05:49:00 PM 06:49:30 PM 08:06:00 PM 09:36:00 PM	9	\$14.00	\$126.00
6/3/2016	Fri	:30	KCDZ-FM 07:46:30 AM 08:45:30 AM 09:46:30 AM 11:46:00 AM 12:47:30 PM 01:44:30 PM 02:46:00 PM 03:30:00 PM 03:46:00 PM 04:49:00 PM 05:32:30 PM 05:49:00 PM 06:49:30 PM 07:21:00 PM 07:49:00 PM 08:07:00 PM 08:35:30 PM 08:47:30 PM 09:06:00 PM 09:33:30 PM 09:52:00 PM	21	\$14.00	\$294.00
6/4/2016	Sat	:30	KCDZ-FM 06:13:30 AM 06:51:30 AM 10:14:30 AM 10:24:30 AM 11:14:00 AM 12:47:00 PM 01:46:00 PM 02:25:30 PM 02:46:00 PM 03:44:00 PM 04:30:30 PM 05:30:30 PM 05:48:30 PM 06:31:00 PM 06:48:40 PM 07:11:15 PM 07:48:30 PM 08:47:00 PM	18	\$14.00	\$252.00
6/5/2016	Sun	:30	KCDZ-FM 06:14:30 AM 06:34:00 AM 06:46:00 AM 06:51:30 AM 09:55:00 AM 10:23:30 AM 10:46:00 AM 11:24:30 AM 12:35:40 PM 12:46:30 PM 01:23:30 PM 05:31:00 PM 05:49:00 PM 06:32:00 PM 07:11:45 PM	15	\$14.00	\$210.00
6/6/2016	Mon	:30	KCDZ-FM 06:34:30 AM 07:46:00 AM 08:47:00 AM 10:24:30 AM 10:45:00 AM 11:46:00 AM 12:47:00 PM 02:24:00 PM 03:28:30 PM 03:45:00 PM 04:49:00 PM 05:31:00 PM 06:32:30 PM 06:49:00 PM 07:23:30 PM 07:47:00 PM 08:06:00 PM 08:34:30 PM 08:49:00 PM 09:48:00 PM Log Event: 16:00 LOCAL MUSIC SH	20	\$14.00	\$280.00
6/5/2016	Sun	:30	KCDZ-FM 04:54:00 PM Log Event: 21:00 HOT MIX	1	\$14.00	\$14.00
6/4/2016	Sat	:30	KCDZ-FM 09:34:30 PM 09:50:00 PM	2	\$14.00	\$28.00

Deduct 2% (on CURRENT BALANCE ONLY),IF PAID BY the 10th. WE ACCEPT CREDIT CARDS!

Quantity	90	Total	\$1,260.00
Total Due			\$1,260.00

INVOICE



BROADCAST ORDER

KCDZ FM

MORONGO BASIN BROADCASTING CORPORATION

6448 Hallee Road #5, Joshua Tree, CA 92252
 (760) 366-8471 • FAX (760) 366-2976 • www.kcdzfm.com

ADVERTISER Donna Munoz For County Supervisor 2016
 AGENCY _____
 ADDRESS 9893 Rawson Rd
 CITY MV STATE CA ZIP 92256
 CONTACT Donna TAX I.D. # OR SS # _____
 PHONE 760 413-4639 CELL _____ FAX _____
 EMAIL _____ WEBSITE _____

STATION USE ONLY	
New Account	<input type="checkbox"/>
Addition	<input type="checkbox"/>
Rep	_____
Billing	SB C
Co-Op	_____
Estimate / P.O. #	_____
Notary	Y N

IN	PKG SCHED SPON	CART #	LEN	BEGIN DATE	END DATE	TIME CLASS	RATE/PKG.	M	T	W	TH	F	S	SU	TTL	DESCRIPTION / NOTES
✓		0141	:30	5/27	5/28							4	4			
✓			:30	5/31	6/6			4	4	4	4	4	4			
✓		0141	:30	6/2	6/6	ROS		16			5	17	16	16	70	

SPECIAL INSTRUCTIONS:

If contract cannot be fulfilled for any reason, we reserve the right to rebill for the earned rate (if a discount has been given). A two week cancellation fee will be charged. Bills are rendered on the last calendar day of the month, and are due by the 15th of the following month. You may take a 2% discount for paying by the 10th.

MONTH	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
AMOUNT													

Accepted By Account Exec
 Name (please print) Cynthia M. Deegan Station Approval _____
 (client signature)

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

FEDERAL CANDIDATE

STATE/LOCAL CANDIDATE

To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location: KCDZ	Date: 5/25/16
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I, Donna Munoz

being/on behalf of: _____, a legally

qualified candidate of the N/A political

party for the office of: Supervisor, 3rd District San Bernardino

in the Primary

election to be held on: June 7th, 2016

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
:30	ROS	Mon-Sat	ROS	32	1.5

Total Charges: 448

For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

[Empty box for listing matters of national importance]

I represent that the payment for the above described broadcast time has been furnished by:

Donna Munoz For County Supervisor 2016

and you are authorized to announce the time as paid for by such person or entity.

I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Treasurer Max Hayward

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

To Be Signed By Candidate or Authorized Committee

5/25/16
Date

[Signature]
Signature

To Be Signed By Station Representative

Accepted

Accepted in Part

Rejected

[Signature]
Signature

Cynthia Daigneau
Printed Name

Pres.
Title