



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: 6/11/20
Advertiser Name: Hanna for Supervisor

Agency: _____

Billing Name: 2503 Willow Creek Rd
Mailing Address: Prescott 86301
City/State/Zip: 928-533-2925
Telephone/Fax: Linda Nichols
Authorized Person: Campaign Manager

Title: Phyllis Nichols
Signature: _____

Website: _____

Invoice: Mail: E-mail:

E-mail Address: _____

| | | | | | |
|--|-------------------|----------|----------------|----------|-----|
| <input checked="" type="checkbox"/> KPPV | 6/22/20 - 7/31/20 | Total | 567.66 | Order ID | 001 |
| <input type="checkbox"/> KDDL | Start Stop | # Months | Cost Per Month | Order ID | |
| <input checked="" type="checkbox"/> KQNA | 6/22/20 - 7/31/20 | Total | 445.00 | 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: Diantucka New Renewal Approved by Az Hometown Radio

| Days | Time Range | Station | # of Ads | Type | Cost | Length |
|------|------------|---------|----------|------|-------|--------|
| M-F | 5a-8p | KPPV | 68 | c | 7.62 | :30 |
| M-F | 5a-8p | KPPV | 6 | c | 8.24 | :60 |
| M-F | 5a-8p | KQNA | 68 | c | 5.99 | :30 |
| M-F | 5a-8p | KQNA | 6 | c | 10.29 | :60 |

Please see attached schedule

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. \$ 1012.66 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: Bringing check by FOB 6/19/20

Invoice Type: 2431 SM 6/19/20
Customer ID _____
None Times Only Summary Detail Affidavit Times Affidavit Detail Notarized Y N Co-op Y N

Production Codes: Primary 59 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: \$ 1012.66
+/- _____
Sub _____
Tax: 27.85
Monthly Due \$ 1040.51
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, Sherrie Hanna, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
- STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Sherrie Hanna

Authorized committee: Hanna for Supervisor Dist 1

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

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): Board of Supervisors Dist 1

Date of election: Aug 4 Primary / November 3 Gen General Primary

Treasurer of candidate's authorized committee:

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>Linda K. Nichols</u> | Signature: <u>Dian Tucker</u> |
| Name: <u>LINDA K. Nichols</u> | Name: <u>Dian Tucker</u> |
| Date of Request to Purchase Ad Time: <u>6/19/20</u> | Date of Station Agreement to Sell Time: |

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: 6/11/20

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: <u>KPPV KQWA</u> | Date Received/Requested: <u>6/19/20</u> |
| Est. #: | Station Location: <u>Prescott, AZ</u> | Run Start and End Dates: <u>6/22/20 - 7/31/20</u> |

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.