



RIVER RAT RADIO GROUP

2250 N. McCulloch Blvd., Ste. J
 Lake Havasu City, AZ 86403
 Phone (928) 855-5225 Toll Free 1-800-264-5449
 riveratradiogroup.com • bestdamradio.com • TheBlues101.com

Order Date 9/1/22

Advertiser Name Adrian Fontes

Agency Ted Anderson Advertising

Billing Name Ted Anderson

Mailing Address 5800 E. Thomas Rd

City/State/Zip Scottsdale AZ 85251

Telephone/Fax 480-945-2229

Authorized Person Ted Anderson

Title Media Buyer

Signature See Attached

Website _____
 Invoice: Mail Email
 Email Address Ted@Anderson-Adv.com

<input checked="" type="checkbox"/> KPKR	Start <u>9/12</u>	Stop <u>10/19</u>	# Months <u>1</u>	Cost Per Month <u>1,005.20</u>	Order ID _____
<input checked="" type="checkbox"/> KDMM	Start <u>9/12</u>	Stop <u>10/19</u>	# Months <u>1</u>	Cost Per Month <u>1,005.20</u>	Order ID _____
<input type="checkbox"/> KXBB	Start _____	Stop _____	# Months _____	Cost Per Month _____	Order ID _____
<input checked="" type="checkbox"/> KVSU	Start <u>9/12</u>	Stop <u>10/19</u>	# Months <u>1</u>	Cost Per Month <u>1,005.20</u>	Order ID _____
<input type="checkbox"/> KIDD	Start _____	Stop _____	# Months _____	Cost Per Month _____	Order ID _____

Account Rep. Kym New Renewal Approved by River Rat Radio, LLC

Days	Time Range	Station	# of Ads	Type	Cost	Length
<u>See Attached Schedule</u>						

Remote: _____
 Date _____ Hours _____ Cost Per Hour _____ Total _____
 Sponsorship _____
 Time/Feature/Station _____

Website: Start _____ Stop _____ Type _____ Cost Per Month _____
 Promotion: Name _____ Prize _____

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ _____ mo.

Invoice Copies _____ Script Affidavit: Yes No Agency Commission _____% National Rep. Commission _____%

Payment Type: Bill Collect
 Pre-Bill Credit Card
 Billing Statement Cycle:
 Calendar Broadcast
 End of Schedule Demand
 Weekly None Other
 Additional billing instructions: _____

Invoice Type:
 Customer ID _____
 None Times Only
 Summary Detail Affidavit
 Times Affidavit
 Notarized Yes No
 Co-op Yes No
 Production Codes:
 Primary _____
 Secondary _____
 Silent Shopper Cost _____

Check Here:
 Political Govt
 Non-Profit
 Donation/Sponsor
 P.O. Submitted Yes No
 If not, when will it be submitted? _____
 Ad from what source? _____

Gross Net
 Rate \$ _____
 +/- _____
 Sub _____
 Tax _____
 Monthly Due \$ _____
 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 restriction 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, Jeanne Lunn, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

ADRIAN FONTES

Authorized committee:

Fontes for AZ

Agency requesting time (and contact information):

N/A

Candidate's political party:

Democrat

Office sought (no acronyms or abbreviations):

Secretary of State

Date of election:

November 8, 2022

General Primary

Treasurer of candidate's authorized committee:

JEANNE LUNN

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: Name: <u>Jeanne Lunn</u>	Signature: Name: <u>Kym Lopez</u>
Date of Request to Purchase Ad Time: <u>7/12/2022</u>	Date of Station Agreement to Sell Time: <u>9/1/22</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: JEANNE LUMIN

Date: 7-12-22

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received:

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:

KPKR, KDMN, KVSU

Date Received/Requested:

9/8

Est. #:

Station Location:

LHC

Run Start and End Dates:

9/12 - 10/9

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.