

K-WAVE FM 105 ~ KPEN FM 102 ~ K-BAY 93.3 ~ KGTL AM 620/FM 100

World Class Rock

True Country

Classic Hits

News/Talk



TIME ORDER

Co-Op:

Advertiser: Gary Stevens for Senate Phone: 907-486-4925 Fax: 907-486-5264

Address: 305 Center Ave. Suite 1 City: Kodiak State: AK Zip Code 99615

K-WAVE FM 105

Est.# _____

Start: _____ Stop: _____

of spots _____ :30 :60 :

Rate: _____ Total: \$0.00

	MON	TUE	WED	THU	FRI	SAT	SUN
AAA							
DAP							
TAP							

KPEN FM 102

Est.# _____

General Radio

Start: 10/19/20 Stop: 11/03/20

of spots 35 :30 :60 :

Rate: \$15.00 Total: \$525.00

	MON	TUE	WED	THU	FRI	SAT	SUN
AAA	2	2	2	2	2	2	2
DAP	2	2	2	2	2	2	3
X TAP	3	3					

K-BAY FM 93.3

Est.# _____

General Radio

Start: 10/19/20 Stop: 11/03/20

of spots 36 :30 :60 :

Rate: \$15.00 Total: \$540.00

	MON	TUE	WED	THU	FRI	SAT	SUN
AAA	2	2	2	2	2	2	2
DAP	2	2	2	2	2	3	3
X TAP	3	3					

KGTL AM 620 & FM 100

Est.# _____

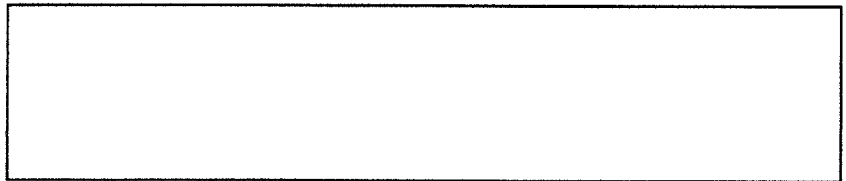
Start: _____ Stop: _____

of spots _____ :30 :60 :

Rate: _____ Total: \$0.00

	MON	TUE	WED	THU	FRI	SAT	SUN
AAA							
DAP							
TAP							

K-WAVE \$0.00
 KPEN \$525.00
 K-BAY \$540.00
 KGTL \$0.00
 Sub-total \$1,065.00
 Discount < _____ >
 Less Agency < _____ >
 Tax \$30.00
Total \$1,095.00



Approved by:

Email: Fax: Date / Time: 9/28/2020 16:22

Sales Person: Michael Becker

◆ P.O. Box 109 ◆ Homer, AK 99603
 (907) 235-6000 ◆ Fax (907) 235-6683

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Gary L. Stevens, 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: Gary L. Stevens

Authorized committee:

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

Candidate's political party:
Republican

Office sought (no acronyms or abbreviations):
Alaska State Senator District P

Date of election: November 3, 2020 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 (not applicable to federal candidates).

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: <u>Michael E. Becker</u>
Name: <u>Gary L. Stevens</u>	Name: <u>Michael E. Becker</u>
Date of Request to Purchase Ad Time: <u>10/17/20</u>	Date of Station Agreement to Sell Time: <u>9/28/2020</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: _____

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: KPEN, KXBA	Date Received/Requested: 9/28/2020
Est. #:	Station Location: Kenai Peninsula	Run Start and End Dates: 10/19 - 11/3/2020

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.