K-W	/AVE FN Today's Hi			FM 102 ~ I rue Country	K-BAY 9	3.3 ~ Great (FM 1		AM 6 Standar		
				TIME (ORDE	R		Co	o-Op:			
Advertise	r:	Greg Ma	adden for	State Senat	te	Phon	e: (907)	420-412	o Fax:			
Address:		P.O. Box 19	14	City:	Soldotna		State:	AK	 Zip Coo	de 99	9669	
		Agen	cy:		N/A							
	<u>K-V</u>	WAVE F			Est.#							
Start:	10/30/20	Stop:	11/03/20	_	MON	TUE	WED	THU	FRI	SAT	SUN	
# of spots	17	X:30	□ :60		3	5			3	3	3	
Rate:	\$15.00	Total:	\$255.00	AAA DAP								
				X TAP								
	K	PEN FN	<u>l 102</u>		Est.#	Est.#						
Start: _	10/30/20	Stop:	11/03/20	_	MON	TUE	WED	THU	FRI	SAT	SUN	
# of spots	17	X:30	□ :60	Π:	3	5			3	3	3	
	\$15.00			DAP								
				X TAP								
	<u>K-</u>	BAY FN	<u> 193.3</u>		Est.#	Est.#						
Start:	10/30/20	Stop:	11/03/20	_	MON	TUE	WED	THU	FRI	SAT	SUN	
# of spots	17	X:30	□ :60	Π:	3	5			3	3	3	
			_	AAA								
Kate:	\$15.00	lotal: _	\$255.00	DAP X TAP								
KGTL FM 100/AM 620 Est.#												
Start:	10/30/20	_ Stop: _	11/03/20	_	MON	TUE	WED	THU	FRI	SAT	SUN	
# of snots	21		□ :60	_ 	4				4	4	4	
				AAA	4	5						
Rate:	\$12.00	Total:	\$252.00	DAP X TAP								
K-WAVE		\$255.00		I have read th	ne terms of tl	his agrer	nent and	agree to	pay in fu	ll for adv	ertising	
KPEN	-	\$255.00		I have read the terms of this agreement and agree to pay in full for advertising run on K-WAVE/KPEN/K-BAY/KGTL Radio. This agreement is subject to the								
K-BAY \$255.00			approval of station management. This order can be cancelled by either party with 24 hours notice. 1% fee when 30 days past due.									
KGTL		\$252.00										
Sub-total		\$1,017.00					~		•			
Discount	<	\$0.00 >		Approved by:				g Mad				
Less Aager Tax	ncy <	\$0.00 > \$30.51	•	Telephone: Sales Person:	Fax:	D	ate / Time	e: ry Hon)/20 14:0	4	

37840 K-Beach Road • Kenai, AK 99611 • P. O. Box 109 • Homer, AK 99603 (907)283-7423 • Fax (907)283-8461

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

1. GREG MADDEN	, hereby request station time as follows:					
IDENTIFY CANDIDATE TYPE STATE OR LOCAL CANDIDATE						
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED					
Candidate name: GREGORY G. MADDEN						
Authorized committee: FRIENDS OF GREG MADDEN						
Agency requesting time (and contact information):						
Candidate's political party: AIP - ALASKAN INDEPENDENCE PARTY Office country (no acronyme or abbreviations):						
STATE SENATE, DISTRICT P Date of election: Company Primary						
Treasurer of candidate's authorized committee: GREG MADDEN						
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	C: D					
,	Station Representative					
Signatura: A OA	Signature: Michael Ebecke					
	•					

to an opposing candidate or, if it does, (for a duration of at least four seconds ar the candidate approved the broadcast a	e broadcast matter to be aired pursuant to 2) contains a clearly identifiable photograp id a simultaneously displayed printed state and that the candidate and/or the candidat tains a personal audio statement by the candidate has approved the broadcast.	oh or similar image of the candidate ement identifying the candidate, that te's authorized committee paid for the						
Candidate/Authorized Committee/	Agency							
Signature: Step has Name: GREG MADD	Bh							
Date: 29-0CT-2020								
	TO BE COMPLETED BY STATION ONLY							
Ad submitted to Station? Yes No Date ad received: 10/29/20 Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).								
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:								
*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: KWW, KPEN, KXBA, KGTL	Date Received/Requested:						
Est. #:	Station Location: Kenai Peninsula	Run Start and End Dates: 10/30 - 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.								