



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

<input checked="" type="checkbox"/> KPPV	5/13/24	6/14/24	1	\$1399	
	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KDDL	5/13/24	6/14/24	1	\$1199	
	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KQNA	5/13/24	6/14/24	1	\$1599	
	Start	Stop	# Months	Cost Per Month	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

Acct. Rep: Dian Tucker New  Renewal   
 Approved by Az Hometown Radio

Order Date: 5/9/24  
 Advertiser Name: David Stringer for  
County Attorney  
 Agency: Conservative for Stringer  
 Billing Name: Conservative for Stringer  
 Mailing Address: Po Box 2825  
Prescott AZ 86302  
 City/State/Zip: Prescott AZ 86302  
 Telephone/Fax: 928-848-1518  
 Authorized Person: David Stringer  
 Title: Candidate  
 Signature: [Signature]  
 Website: \_\_\_\_\_  
 Invoice: \_\_\_\_\_  
 Mail:  E-mail:   
 E-mail Address: \_\_\_\_\_

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KPPV	145	C	1399	30
M-Sun	8p-5a	KPPV	45	B	Q	
M-Sun	5a-8p	KDDL	170	C	1199	
M-Sun	8p-5a	KDDL	50	B	Q	
M-Sun	5a-8p	KQNA	240	C	1599	
M-Sun	8p-5a	KQNA	60	B	Q	

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. \$ 4197 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:  
cc form attached  
change 5/9/24

Invoice Type: \_\_\_\_\_  
 Customer ID \_\_\_\_\_  
 None  Times Only   
 Summary  Detail Affidavit   
 Times Affidavit  Detail   
 Notarized  Y  N  
 Co-op  Y  N  
 Production Codes:  
 Primary 39  
 Secondary \_\_\_\_\_  
 Silent Shopper  Cost \_\_\_\_\_

Check Here:  
 If Political  Govt   
 Non-Profit   
 Donation/Sponsor   
 P.O. Submitted  Y  N  
5/9/24  
 If not, when will it be submitted? \_\_\_\_\_  
 Ad from what source? \_\_\_\_\_

Gross  Net   
 Rate: \$ 4197  
 +/- \_\_\_\_\_  
 Sub \_\_\_\_\_  
 Tax: 83.94  
 Monthly Due \$ 4280.94  
 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.





94.7 FM PRESCOTT VALLEY, ARIZONA  
**JACK**™  
 playing what we want!  
**JUAN**  
 106.5 FM  
 ¡VOCANDO LO QUE LE GUSTA!

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**KPPV** 6/15/24 7/30/24 *end @ 6pm* 2494.80  
 Start Stop # Months Cost Per Month Order ID  
 **KDDL** 6/15/24 7/30/24 1782  
 Start Stop # Months Cost Per Month Order ID  
 **KQNA** 6/15/24 7/30/24 2624.40  
 Start Stop # Months Cost Per Month Order ID  
 **JACK** 45 days  
 Start Stop # Months Cost Per Month Order ID  
 **JUAN**  
 Start Stop # Months Cost Per Month Order ID  
 Acct. Rep Diantuckon New  Renewal   
 Approved by Az Hometown Radio

5/9/24  
 Order Date  
David Stringer for  
 Advertiser Name  
County Attorney  
 Agency  
Conservatives for Stringer  
 Billing Name  
PO Box 2825  
 Mailing Address  
Prescott AZ 86302  
 City/State/Zip  
928-848-1518  
 Telephone/Fax  
David Stringer  
 Authorized Person  
Candidate  
 Title  
[Signature]  
 Signature  
 Website  
 Invoice:  
 Mail  E-mail   
 E-mail Address

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sun	5a-8p	KPPV	6 per day	c	9.24	:60
M-Sun	5a-8p	KDDL	6 per day	c	6.60	:60
M-Sun	5a-8p	KQNA	6 per day	c	7.29	:60
<b>Totals:</b>		<b>KPPV</b>	<b>270 ads</b>			
		<b>KDDL</b>	<b>270 ads</b>			
		<b>KQNA</b>	<b>360 ads</b>			

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. \$ 6901.20 mo.  
 Invoice Copies \_\_\_\_\_ Script Affidavit  Y  N Agency Commission \_\_\_\_\_% National Rep Commission \_\_\_\_\_%

<b>Payment Type:</b> Bill <input checked="" type="checkbox"/> Collect <input type="checkbox"/> Pre-Bill <input type="checkbox"/> Credit Card <input type="checkbox"/> <b>Billing Statement Cycle:</b> Calendar <input type="checkbox"/> Broadcast <input type="checkbox"/> End of Schedule <input checked="" type="checkbox"/> Demand <input type="checkbox"/> Weekly <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Additional billing instructions: <u>Credit card</u> <u>from 6/14/24</u> <u>attached</u>	<b>Invoice Type:</b> Customer ID _____ None <input type="checkbox"/> Times Only <input type="checkbox"/> Summary <input checked="" type="checkbox"/> Detail Affidavit <input type="checkbox"/> Times Affidavit <input type="checkbox"/> Detail <input type="checkbox"/> Notarized <input type="checkbox"/> Y <input type="checkbox"/> N Co-op <input type="checkbox"/> Y <input type="checkbox"/> N <b>Production Codes:</b> Primary <u>39</u> Secondary _____ Silent Shopper <input type="checkbox"/> Cost _____	<b>Check Here:</b> If Political <input type="checkbox"/> Govt <input type="checkbox"/> Non-Profit <input type="checkbox"/> Donation/Sponsor <input type="checkbox"/> P.O. Submitted <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <u>6/10/24</u> If not, when will it be submitted? Ad from what source? _____	Gross <input type="checkbox"/> Net <input checked="" type="checkbox"/> Rate: \$ <u>6901.20</u> +/- _____ Sub _____ Tax: <u>138.02</u> Monthly Due \$ <u>7039.22</u> Note: \$20 Fee For NSF Checks
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# CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, David Stringer, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

David Stringer

Authorized committee:

Conservatives for Stringer

Agency requesting time (and contact information):

N/A

Candidate's political party:

Republican

Office sought (no acronyms or abbreviations):

Hawaii County Attorney

Date of election:

General

Primary

Treasurer of candidate's authorized committee:

7/30/24

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

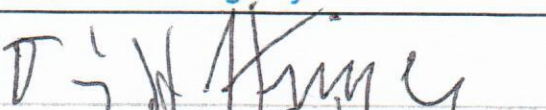
(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.

**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: David H. Stringer

Signature:

  
Name: Dian Tucker

Date of Request to Purchase Ad Time:

5-9-24

Date of Station Agreement to Sell Time:

5/9/24



**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: 5/10/24

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: KPPV KQWA KDDL Date Received/Requested: 5/9/24

Est. #: Station Location: Prescott AZ Run Start and End Dates: 5/13-7/30/24

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.