K-V	VAVE F Today's Hi			FM 102 ~	K-BAY 9	3.3 ~ Great 0		L FM 1		AM 62 Standard	
				TIME (JD IJE.	D		0	٦		
									o-Op:		
Advertiser	: Line			igs for Boroug		•			_		
Address:		P.O. Box 80	95	City:	Soldotna		State:	AK_	Zip Cod	le 99	9669
		Agen	icy:		N/A						
	<u>K-V</u>	WAVE I	FM 105		Est.#						
Start: _	09/11/20	_ Stop: _	10/06/20	_	MON	TUE	WED	THU	FRI	SAT	SUN
# of spots	105	X:30	□ :60	Π:	4	4	4	4	4	4	<u>4</u> 4
Data	d		<u> </u>	AAA	4	4	4	4	4	4	4
Rate:	\$15.00	Total:	\$1,575.00	_ DAP	4	5	4	4	4	4	4
	Est.#										
Start: _	09/11/20	Stop:	10/06/20	<u> </u>	MON	TUE	WED	THU	FRI	SAT	SUN
# of spots	105	X:30	□:60	П:				1	4	4	4
# Of Spots	105	_ [A].30	∐.00	LI ·	4	4	4	4	4	4	4
Rate:	\$15.00	Total:	\$1,575.00	DAP	4	4	4	4	4	4	4
	K-	BAY FN	A 93.3	X TAP	Est.#	5	<u> </u>				
Start:	09/11/20				MON	TUE	WED	THU	FRI	SAT	SUN
<u></u>	09/11/20		10/00/20	-	MON	TOE	VVED	1110	4	4	4
# of spots	105	X:30	☐:6o	□:	4	4	4	4	4	4	4
Rate:	\$15.00	Total:	\$1,575.00	AAA DAP	4	4	4	4	4	4	4
				X TAP	4	5			•	•	
	<u>KGTL</u>	FM 100	o/AM 6	<u>20</u>	Est.#						
Start: _		_ Stop: _		_	MON	TUE	WED	THU	FRI	SAT	SUN
# of spots		:30	:60	:							
Rate:		Total:		DAP						·	
		_		TAP							
K-WAVE	,	\$1,575.00			·				· · ·		
KPEN	· —	\$1,575.00		I have read th		_		-			_
K-BAY		\$1,575.00		approval of s	tation mana	gement.	This ord	er can be	cancelle	d by eithe	
KGTL		\$0.00		`	with 24 hour	s notice.	1% fee w	hen 30 da	ıys past o	iue.	
Sub-total		\$4,725.00									
Discount	<	\$0.00	>	Approved by:	Linda F	arnswo	rth-Hut	chings/			
Less Aager	ney <	\$0.00	>	Telephone:	Fax:		ate / Tim	e:	9/11	/2013:56	5
Tax		\$78.75		Sales Person:			Gar	y Hon	del		
Total		\$4,803.75							-		

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. S	ee Invoice for actual schedule and charges.
LUNDE FERNWOLLD	hereby request station time as follows:
turciti	<i>19</i> 1
IDENTIFY CANDIDATE TYPE	AL CANDIDATE
STATE	OR LOCAL CANDIDATE
	Υ
ALL QUESTIONS/BLOCKS	MUST BE COMPLETED
Candidate name:	the Lateral
LINDS FERNINDESTY	hereings
Authorized committee:	
Agency requesting time (and contact information):	
X NA	
Candidate's political party:	
REPUBLICED.	
Office sought (no acronyms or abbreviations):	N/A
ACKRUGH MAYOR	General Primary
Date of election:	Certain [
Treasurer of candidate's authorized committee:	
LINDE FERRINOUTH Sh	cretina
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fun	nished by (check one box below):
the candidate listed above who is a legally qualified can	
the authorized committee of the legally qualified candid	
(2) this station is authorized to announce the time as paid for by	y such person or entity; and
(3) this station has disclosed its political advertising policies, inc	
and other sales practices (not applicable to federal candidat	res).
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC IN THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY
IN THE PLACEMENT OF ADVERTISHED.	
Candidate/Committee/Agency	Station Representative
LAKE IN THE STATE OF THE STATE	
Signatura:	Signature:
Signature	CAROLE NOVE
	CAROLE NOVE
	CAMPEADE -

Candidate/Authorized C		
	/ /	
11 1		
Name: AND &	Farina Sturcina	
Date: 9/10/202		**************************************
1,010,00	TO BE COMPLETED BY STATION ONLY	<u></u>
Ad submitted to Station?	Yes No Date ad received: 9/10/20	
	PB-19 Forms for each version of the ad (i.e., for every ad with differing	convi
		соруј.
Federal candidate certification	on signed (above): Yes No X N/A	
Disposition:	(a)	· · · · · · · · · · · · · · · · · · ·
Accepted		
Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*	
Rejected – provide n		
*Upload partially amended for		
'Upload partially accepted fo	orm, then promptly upload updated final form when complete.	
	orm, then promptly upload updated final form when complete.	
Date and nature of follow-up	orm, then promptly upload updated final form when complete. ss, if any (e.g., insufficient sponsor ID tag):	
	orm, then promptly upload updated final form when complete.	ed:
Date and nature of follow-up	orm, then promptly upload updated final form when complete. 25, if any (e.g., insufficient sponsor ID teg): Station Call Letters: Date Received/Request	s / /
Date and nature of follow-up Contract #: st. #:	Station Call Letters: KWUN KEN KXBA Station Location: Run Start and End Date Run Star	0/6/20
Date and nature of follow-up Contract #: St. #: Upload order, this form and is this space to document s	orm, then promptly upload updated final form when complete. 25, if any (e.g., insufficient sponsor ID teg): Station Call Letters: Date Received/Request	to the OPIF or