



AZONA'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

Station	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KDDL	10/10	11/18	1		004
<input checked="" type="checkbox"/> KQNA	10/10	11/18	1		002
<input checked="" type="checkbox"/> JACK	10/10	11/18	1		003
<input checked="" type="checkbox"/> JUAN	10/10	11/18	1		005
<input type="checkbox"/> KXBB					

Order Date: 9/27/22
 Advertiser Name: Adrian Fontes of State
 Agency: Anderson Advertising
 Billing Name: Ted Anderson
 Mailing Address: 5800 E Thomas Rd #100
Scottsdale Az 85251
 City/State/Zip: 480-945-2229
 Telephone/Fax: Ted Anderson
 Authorized Person: Media Buyer
 Title: Please See Attached
 Signature: _____

Start: _____ Stop: _____ # Months: _____ Cost Per Month: _____ Order ID: _____
 Acct. Rep: Kym Lopez New Renewal Approved by Az Hometown Radio

Day	Time	Length	Station	Spots/Week	Rate	Order #	Package
<u>See Attached Schedule</u>							

Remote: _____
 Date: _____ Hours: _____ Cost Per Hour: _____ Total: _____
 Sponsorship: _____ FOR KXBB ONLY: _____
 Time/Feature/Station: _____ Primary Domain Portal: _____
 Website: _____
 Start: _____ Stop: _____ Type: _____ Cost Per Month: _____
 Promotion: _____
 Name: _____ Prize: _____

Website: _____
 Invoice: _____
 Mail: E-mail:
Ted @ Anderson-adv.com
 E-mail Address

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ _____ mo.
 Invoice Copies 1 Script Affidavit Y N Agency Commission 15 % 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: 9/18/22
12769
 Customer ID: _____
 None Times Only
 Summary Detail Affidavit
 Times Affidavit Detail
 Notarized Y N
 Co-op Y N
 Production Codes:
 Primary: _____
 Secondary: _____
 Silent Shopper Cost: _____

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

Gross Net Gross
 Rate: \$ _____
 +/- _____
 Sub: _____
 Tax: _____
 Monthly Due \$ Net
 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.



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
riveratradio.com • bestofazradio.com • TheBlues101.com

9/27/22

Order Date
Advertiser Name *Adrian Fontes Secretary of State*
Agency *Andersen Advertising*
Billing Name *Ted Anderson*
Mailing Address *5800 E. Thomas Rd #100 Scottsdale AZ 85251*
City/State/Zip
Telephone/Fax *480-945-2229*
Authorized Person *Ted Anderson*
Title *Medica Buyer*
Signature *See Attached*
Website
Invoice: Mail Email
Email Address *Ted@Anderson-Adv.COM*

<input checked="" type="checkbox"/> KPKR	Start <u>10/10</u> Stop <u>11/18</u>	# Months <u>1</u>	Cost Per Month	Order ID <u>001</u>
<input checked="" type="checkbox"/> KDMIM	Start <u>10/10</u> Stop <u>11/18</u>	# Months <u>1</u>	Cost Per Month	Order ID <u>002</u>
<input type="checkbox"/> KXBB	Start _____ Stop _____	# Months _____	Cost Per Month	Order ID _____
<input checked="" type="checkbox"/> KVSU	Start <u>10/10</u> Stop <u>11/18</u>	# Months <u>1</u>	Cost Per Month	Order ID <u>003</u>
<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
<i>See Attached Schedule</i>						
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: 12729 9/18/22
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 \$ _____
+/- See Page 1
Sub _____
Tax _____
Monthly Due \$ _____

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			30		60		30		60		30		60		30		60
Spot Rate		\$10.15		\$10.87		\$8.23		\$8.58		\$7.30		\$7.76		\$7.30		\$7.76	
10/10/2022	5a-8p	KPPV 24 pw	KPPV 25 pw	KONA 21pw	KONA 21pw	JACK 21pw	JACK 21pw	KDDL 21pw	KDDL 21pw								
MON-SUN		\$243.60	\$271.75	\$172.83	\$180.18	\$153.30	\$162.96	\$153.30	\$162.96								
	Tax	\$6.69	\$7.47	\$6.98	\$4.95	\$4.21	\$4.48	\$4.21	\$4.48								
Spot Rate		\$10.15		\$10.87		\$8.23		\$8.58		\$7.30		\$7.76		\$7.30		\$7.76	
10/24/2022	5a-8p	KPPV 24 pw	KPPV 25 pw	KONA 21pw	KONA 21pw	JACK 21pw	JACK 21pw	KDDL 21pw	KDDL 21pw								
MON-SUN		\$243.60	\$271.75	\$172.83	\$180.18	\$153.30	\$162.96	\$153.30	\$162.96								
	Tax	\$6.69	\$7.47	\$6.98	\$4.95	\$4.21	\$4.48	\$4.21	\$4.48								
Spot Rate		\$10.15		\$10.87		\$8.23		\$8.58		\$7.30		\$7.76		\$7.30		\$7.76	
10/31/2022	5a-8p	KPPV 17pw	KPPV 18pw	KONA 17pw	KONA 18pw	JACK 10pw	JACK 11pw	KDDL 10pw	KDDL 11pw								
MON-SUN		\$172.55	\$195.66	\$139.91	\$154.44	\$73.00	\$85.36	\$73.00	\$85.36								
	Tax	\$4.74	\$5.38	\$3.84	\$4.24	\$2.00	\$2.34	\$2.00	\$2.34								
Spot Rate		\$10.15		\$10.87		\$8.23		\$8.58		\$7.30		\$7.76		\$7.30		\$7.76	
11/7-11/8	5a-8p	KPPV 3pd	KPPV 3pd	KONA 3pd	KONA 3pd	JACK 2pd	JACK 2pd	KDDL 21pw	KDDL 21pw								
MON-Tue		\$30.45	\$32.61	\$24.69	\$25.74	\$14.60	\$15.52	\$14.60	\$15.52								
	Tax	\$2.85	\$0.67	\$0.67	\$0.70	\$0.38	\$0.42	\$0.38	\$0.42								
* Gross		\$2040.38		Gross		1454.24		1167.38		1107.14		941.06		941.06		25.88	
Net		1734.33		Net		1236.10		339.99		27.29		27.29		27.29		25.88	
		47.64															
		1787.02		Total		1260.95		366.99		27.29		27.29		27.29		25.88	

1787.02 Total

1260.95

366.99

27.29

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: 	Signature: <u>Kym Lopez</u>
Name: <u>Jeanne Lunn</u>	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>10/7/22</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:

Date Received/Requested: _____

Est. #:

Station Location:

Run Start and End Dates: _____

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.