



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

Order Date 7/28/22
Advertiser Name Lauren Kuby for Corporation Commissioner
Agency Anderson 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 Media Buyer
Signature Please see attached

Website
Invoice:
Mail: E-mail:
E-mail Address ted@anderson-adv.com

<input checked="" type="checkbox"/> KPPV	7/29/22	8/2/22	1	1003.32	
	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KDDL			1	823.62	
	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> KQNA			1	316.10	
	Start	Stop	# Months	Cost Per Month	Order ID
<input checked="" type="checkbox"/> JACK			1	823.62	
	Start	Stop	# Months	Cost Per Month	Order ID
<input type="checkbox"/> JUAN					
	Start	Stop	# Months	Cost Per Month	Order ID
<input type="checkbox"/> KXBB					
	Start	Stop	# Months	Cost Per Month	Order ID

Days	Time Range	Station	# of Ads	Type	Cost	Length
M-Sat	6a-7p	KPPV	52	C	17.356	:30
Sunday	6a-7p	KPPV	8	C	12.64	
M-Sat	6a-7p	KQNA	20	C	13.82	
Sunday	6a-7p	KQNA	5	C	7.94	
M-Sat	6a-7p	KDDL	55	C	13.82	
Sunday	6a-7p	KDDL	8	C	7.94	
M-Sat	6a-7p	JACK	55	C	13.82	
Sunday	6a-7p	JACK	8	C	7.94	

8/2/22 end @ 5 p m

Website: _____
Start _____ Stop _____ Type _____ Cost Per Month _____
Promotion: _____
Name _____ Prize _____

Billing Basis: Per Broadcast \$ _____ ea. Per Package/mo. \$ 2966.66 Gmo.
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:
Paying via credit card 7/28/22

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
If not, when will it be submitted? _____
Ad from what source? _____

Gross Net
Rate: \$ 2966.66 G
+/- 2522.25 N
Sub _____
Tax: 69.36
Monthly Due \$ 2591.61 on 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.

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	<input type="checkbox"/> FEDERAL CANDIDATE
	<input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:
Lauren Kubly

Authorized committee:
Lauren Kubly for Corporation Commission

Agency requesting time (and contact information):
 N/A ANDERSON ADVERTISING. TED ANDERSON 602 790 1144

Candidate's political party:
Democrat

Office sought (no acronyms or abbreviations):
ARIZONA CORPORATION COMMISSIONER

Date of election: Aug 2 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: Name: <u>Jeanne Lunn</u> Date of Request to Purchase Ad Time: <u>7/28/22</u>	Signature: Name: <u>Kym Lopez</u> Date of Station Agreement to Sell Time: <u>7/28/22</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:

Date:

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: 7/28/22

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: <u>KPPV KOWAKOOL JACK</u>	Date Received/Requested: <u>7/28/22</u>
Est. #:	Station Location: <u>Prescott, AZ</u>	Run Start and End Dates: <u>7/29-8/2/22</u>

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.