



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
 riveratradiogroup.com • bestdamradio.com • TheBlues101.com

Order Date 5-15-24

Advertiser Name SHUSTER for Sheriff

Agency _____

Billing Name 3784 CHERRY TREE

Mailing Address LHC, AZ 86406

City/State/Zip 928 230-1829

Telephone/Fax _____

Authorized Person Candidate for Sheriff

Title _____

Signature _____

Website _____

Invoice: Mail Email
mhavel@yahoo.com

<input checked="" type="checkbox"/> KPKR	<u>6-15-24</u>	<u>7-30-24</u>	<u>7</u>	<u>\$701.50</u>	
	Start	Stop	# Months	Cost Per Month	Order ID
<input type="checkbox"/> KDMM					
<input checked="" type="checkbox"/> KXBB	<u>6-15-24</u>	<u>7-30-24</u>	<u>7</u>	<u>\$701.50</u>	
	Start	Stop	# Months	Cost Per Month	Order ID
<input type="checkbox"/> KVSU					
	Start	Stop	# Months	Cost Per Month	Order ID
<input type="checkbox"/> KIDD					
	Start	Stop	# Months	Cost Per Month	Order ID

Account Rep. LINDLEY New Renewal Approved by River Rat Radio, LLC

Days	Time Range	Station	# of Ads	Type	Cost	Length
<u>M-SUN</u>	<u>5A-8P</u>	<u>KPKR</u>	<u>115</u>	<u>CASH</u>	<u>\$701.50</u>	<u>:30</u>
<u>M-SUN</u>	<u>5A-8P</u>	<u>KXBB</u>	<u>115</u>	<u>CASH</u>	<u>\$701.50</u>	<u>:30</u>

Remote: _____

Date	Hours	Cost Per Hour	Total
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Sponsorship _____

Time/Feature/Station _____

Website: _____

Start	Stop	Type	Cost Per Month
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Promotion: _____

Name	Prize
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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: 11695

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 \$ \$1403.00
 +/- _____
 Sub 1,403.00
 Tax N/A
 Monthly Due \$ \$1,403.00

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 restriction 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, Doug Schuster, 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: DOUG SCHUSTER

Authorized committee: SCHUSTER FOR SHERIFF

Agency requesting time (and contact information):
 N/A

Candidate's political party: REPUBLICAN

Office sought (no acronyms or abbreviations): MOHAVE COUNTY SHERIFF

Date of election: July 30th 2024 General Primary

Treasurer of candidate's authorized committee:
DOUG SCHUSTER FOR SHERIFF

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	Station Representative
Signature:	Signature:
Name: <u>Doug Schuster</u>	Name: <u>LINDLEY DISKIN</u>
Date of Request to Purchase Ad Time: <u>05/15/24</u>	Date of Station Agreement to Sell Time: <u>05/15/24</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: 5-15-24

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: <u>KPCR 9 LX1313</u>	Date Received/Requested: <u>5-15-24</u>
Est. #:	Station Location: <u>LAKE HAVASU CITY, AZ</u>	Run Start and End Dates: <u>6-15-24 - 7-30-24</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.