ORDER

Orders Order / Rev: 556358 Alt Order #: Product Desc: **KLOB-FM** Estimate: Flight Dates: 10/28/20 - 11/03/20 Primary AE: Vicky Patel - 7446 Original Date / Rev: 10/27/20 / 10/27/20 L-PS Sales Office: Order Type: **GENERAL** Sales Region: LOCAL Agency Name: **Kiner Communications Buying Contact:** Billing Type: Cash Billing Contact: Billing Calendar: Broadcast c/o Scott Kiner 73005 Haystack Road EOM/EOC Billing Cycle: Palm Desert, CA 92260 Agency Commission: 15% Advertiser Name: Joey Acuna for CVUSD Board of Direc нн Demographic: New Business Thru: **Product Codes:** Candidates Advertiser External ID: 0012R00002BjfOg Revenue Code 1: AGY Agency External ID: 001E000000jNb22IAC Revenue Code 2: **GEN** Unit Code: General Revenue Code 3: POL

Bill Plan

DIII FIAII				
Start Date	End Date	# Spots	Gross Amount	Net Amount
10/26/20	11/03/20	21	\$495.00	\$420.75

Totals

Month	# Spots	Gross Amount	Net Amount	Ratin
November 2020	21	\$495.00	\$420.75	0.0
Totals	21	\$495.00	\$420.75	0.0

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Vicky Patel - 7446			Start Of Order - End Of Order	100%

Ln Ch	Start	End	Inventory Code	Break	Start/End	Time Days	Len S	Spots	Rate Pri	Rtg Type	Spots	Amoun
N 1 KLOB	10/28/20	11/03/20	M-F 6a-10a M-F 6a-10a	CM	6a-10a	MTWTF	1:00	1	\$25.00P-04	0.00 NM	5	\$125.0
<u>Sta</u> Week: 10/ Week: 11/	26/20	End Date 11/01/20 11/08/20	Weekdays WTF MT	Spots/Week 3 2	<u>Rate</u> \$25.00 \$25.00	Rating 0.00 0.00						
N 2 KLOB	10/28/20	11/03/20	M-F 3p-7p M-F 3p-7p	СМ	3р-7р	MTWTF	1:00	1	\$25.00P-04	0.00 NM	10	\$250.0
<u>Sta</u> Week: 10/ Week: 11/	26/20	End Date 11/01/20 11/08/20	<u>Weekdays</u> WTF MT	Spots/Week 6 4	Rate \$25.00 \$25.00	Rating 0.00 0.00						
N 3 KLOB	10/31/20	11/01/20	Sa-Su 6a-7p Sa-Su 6a-7p	CM	6a-7p	SS	1:00	6	\$20.00P-04	0.00 NM	6	\$120.0
<u>Sta</u> Week: 10/		End Date 11/01/20	Weekdays SS	Spots/Week 6	<u>Rate</u> \$20.00	Rating 0.00						
										Totals	21	\$495.(

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

, Scott KiNER	, hereby request station time as follows:
I IDENTIFY CANDIDATE TYPE	RAL CANDIDATE OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCK	
Candidate name:	P.O. BOX 1302 La QUINTA, CA 92247
Joey acura Jr.	La QUINTA, CA 92247
Authorized committee:	
Agency requesting time (and contact information):	
Agency requesting time (and contact information):	
NA KiNCE COMMUNICATION	
Candidate's political party:	
N/04	
Office sought (no acronyms or abbreviations):	
CUUSO Board of DIE	COTORS
Date of election:	General Primary
Treasurer of candidate's authorized committee: Joey acuse Je.	
The undersigned represents that:	
(1) the payment for the broadcast time requested has been fur	nished by (check one box below):
the candidate listed above who is a legally qualified car	didate, or
the authorized committee of the legally qualified candid	date listed above;
(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	luding applicable classes and rates, discount, promotion
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
Candidate/Committee/Agency	Station Representative
Signature:	Signature:
	pollin
Name: Feath Kines	Name: Lesnides Vasquez
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: 10 7/1/20

to an opposing candidate or, if it does, (2 for a duration of at least four seconds and the candidate approved the broadcast as	e broadcast matter to be aired pursuant to 2) contains a clearly identifiable photograph of a simultaneously displayed printed state and that the candidate and/or the candidate ains a personal audio statement by the candidate by the candidate has approved the broadcast.	h or similar image of the candidate ment identifying the candidate, that e's authorized committee paid for the
Candidate/Authorized Committee/	Agency	
Signature:		
Name:		
Date:	Description of the second	
TC	BE COMPLETED BY STATION OF	NLY
Ad submitted to Station? Yes	No Date ad received:	
Note: Must have separate PB-19 For	ms for each version of the ad (i.e., for	every ad with differing copy).
Federal candidate certification signed (al	pove): Yes No	N/A
Rejected – provide reason:	not yet received to determine sponsor ID omptly upload updated final form when co	
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:
use this space to document schedule of to purchased or attach separately. If station	affic system print-out) or other documents time purchased, when spots actually aired, will not upload the actual times spots aire t information immediately should be place	the rates charged and the classes of time d until an invoice is generated, the name

Joey Acuna

60-CM Radio Spots					
Weeks of:	Spot Cost	26-Oct	26-Oct 11/2 & 11/3 Total Spots Total Cost	Total Spots	Total Cost
KPST-FM - Wednesday thru Friday					
10am-3pm	\$25	2X/Day	2X/Day	10	\$250
Sat. & Sun. (10/31 & 11/1) - 10am-3pm	\$15	2X/Day		4	\$60
KLOB-FM - Wednesday thru Friday					· · · ·
6am-7pm	\$25	3X/day	3X/Day	15	\$375
Sat. & Sun. (10/31 & 11/1) - 10am-3pm	\$20	3X/Day		9	\$120

Scott Kiner - Kiner Communications - 10/27/2020