ORDER

Orders Order / Rev: 551575 Alt Order #: Product Desc: KLOB-FM Estimate: Flight Dates: 10/05/20 - 11/03/20 Primary AE: Vicky Patel - 7446 Original Date / Rev: 09/29/20 / 09/29/20 Sales Office: L-PS Order Type: **GENERAL** Sales Region: LOCAL Agency Name: **Kiner Communications Buying Contact:** Billing Type: Cash Billing Contact: Billing Calendar: Broadcast 44651 Village Court, Suite114 Billing Cycle: EOM/EOC Palm Desert, CA 92260 15% Agency Commission: **Advertiser** Name: **Eduardo Garcia for State Assembly** Demographic: НН New Business Thru: 04/01/15 Product Codes: Candidates Advertiser External ID: Revenue Code 1: **AGY** Agency External ID: 001E000000jNb22IAC Revenue Code 2: **GEN** Unit Code: General Revenue Code 3: **GEN**

Bill	Plan
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Start Date	End Date	# Spots	Gross Amount	Net Amount
09/28/20	10/25/20	24	\$600.00	\$510.00
10/26/20	11/03/20	24	\$570.00	\$484.50

Totals				
Month	# Spots	Gross Amount	Net Amount	Ratir
October 2020	24	\$600.00	\$510.00	0.
November 2020	24	\$570.00	\$484.50	0.
Totals	48	\$1,170.00	\$994.50	0.

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Vicky Patel - 7446		- '	Start Of Order - End Of Order	100%
Vicky Patel - 7446			Start Of Order - End Of Order	0%

Ln	Ch	Start	End	Inventory Code	Break	Start/End	Time Days	Len s	Spots	Rate Pri	Rtg Type	Spots	Amoun
N 1	KLOB	10/05/20	11/03/20	M-F 6a-7p M-F 6a-7p	СМ	6a-7p	3333	:30	12	\$25.00P-04	0.00 NM	42	\$1,050.
	<u>Sta</u>	rt Date	End Date	Weekdays .	Spots/Week	Rate	Rating						
W	eek: 10/	05/20	10/11/20	3333	12	\$25.00	0.00						
W	eek: 10/	12/20	10/18/20	3333	12	\$25.00	0.00						
W	eek: 10/	19/20	10/25/20		0	\$25.00	0.00						
W	eek: 10/	26/20	11/01/20	3333	12	\$25.00	0.00						
W	eek: 11/	02/20	11/08/20	33	6	\$25.00	0.00						
N 2	KLOB	10/31/20	11/01/20	Sa-Su 6a-7p Sa-Su 6a-7p	СМ	6a-7p	33	:30	6	\$20.00P-04	0.00 NM	6	\$120,0
	Sta	rt Date	End Date	Weekdays	Spots/Week	Rate	Rating						
W	eek: 10/	26/20	11/01/20	33	6	\$20.00	0.00						
		•									Totals	48	\$1,170.0

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

1, Scott KiNCE	, hereby request station time as follows:
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE
ALL QUESTIONS/BLOCK	S MUST BE COMPLETED
Candidate name: Eduardo Garcia	83-103 ave. 48 Swite 18 111 Coachella, CA 93036
Authorized committee: Committee to Re-elec	
Agency requesting time (and contact information):	
NIA KINCA Communication	ons
Candidate's political party: NA (Semoceat')	
Office sought (no acronyms or abbreviations):	
State assembly	4=-
Date of election:	General Primary
Treasurer of candidate's authorized committee:	== =
Committee to Re-	elect Educado (macia
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	ndidate, or
the authorized committee of the legally qualified candi	date listed above;
(2) this station is authorized to announce the time as paid for \boldsymbol{b}	y such person or entity; and
(3) this station has disclosed its political advertising policies, included and other sales practices (not applicable to federal candidate).	- · · · · · · · · · · · · · · · · · · ·
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:
Sealt M. Gener	
Name: Scott Kines	Name: Leoniles Vasque Z
Date of Request to Purchase Ad Time: 9/30/00	Date of Station Agreement to Sell Time: 9 29 20 20

to an opposing candidate or, if it does, (2 for a duration of at least four seconds and the candidate approved the broadcast ar	broadcast matter to be aired pursuant to contains a clearly identifiable photograph a simultaneously displayed printed states at that the candidate and/or the candidate ains a personal audio statement by the can didate has approved the broadcast.	n or similar image of the candidate ment identifying the candidate, that a's authorized committee paid for the
Candidate/Authorized Committee/A	Agency	
Signature:	297 100 - 1000	
Name:		
Date:		
то	BE COMPLETED BY STATION OF	VLY AND TO A
Ad submitted to Station?	No Date ad received:	
Note: Must have separate PB-19 Form	ns for each version of the ad (i.e., for o	every ad with differing copy).
Federal candidate certification signed (ab	ove): Yes No	₩ N/A
Rejected provide reason:	not yet received to determine sponsor ID	
Date and nature of follow-ups, if any (e.g.		
Contract #:	Station Call Letters:	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates:
use this space to document schedule of ti purchased or attach separately. If station	affic system print-out) or other documents ime purchased, when spots actually aired, will not upload the actual times spots aired information immediately should be placed	the rates charged and the classes of time d until an invoice is generated, the name

30CM Radio Spots	Spot Cost	5-0ct	12-0ct	26-0ct	11/2-11/3	11/2-11/3 Total spots Total Cost	Total Cost
KLOB-FM - Monday thru Thursday - SPANISH							
6am-7pm	\$25	3X/Day	3X/Day	3X/Day	3X/Day	42	\$1,050
Sat. & Sun. (10/31 & 11/1) 6am-7pm	\$20		•	3X/Day	•	9	\$120