

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Kate Hogle, KWME Inc, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

- FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Megan Kau	
Authorized committee: Friends of Megan Kau	
Agency requesting time (and contact information): <input type="checkbox"/> N/A KWME, Inc	
Candidate's political party: Non-partisan	
Office sought (no acronyms or abbreviations): Prosecuting Attorney of Honolulu	
Date of election: 8/8/2020	<input type="checkbox"/> General <input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Hazel B C/O Friends of Megan Kau and Kate Hogle, KWME, Inc on behalf of Friends of Megan Kau	
<p>The undersigned represents that:</p> <p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input checked="" type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.</p> <p>THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.</p>	

Candidate/Committee/Agency	Station Representative
Signature: <i>Kathleen Hogle</i>	Signature: <i>Frank Guiffreda</i>
Name: Kate Hogle, for Friends Megan Kau	Name: Frank Guiffreda
Date of Request to Purchase Ad Time: 7/13-8/8/2020	Date of Station Agreement to Sell Time: 7/13-8/8/2020

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:

Kathleen Hogle

Name: Kathleen Hogle

Date: 7/1/2020

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: KGMB/KHNL/KFVE	Date Received/Requested:
Est. #:	Station Location: Honolulu, HI	Run Start and End Dates: 7/14/20-8/8/20

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.