☐ New Client ☑ ☐ Revision of O	New (Order Add □ Change				Order Numbe	er 3181-00	59	, Sher	idan Me	dia	,	Broa	dca	st O	rder	ſ	
Customer Numb							Customer Agency	/							<u>-</u>			
Advertiser	ar.	CK SIN	NE						□ KROE (□ KROE (1) □ KZ)	₫	✓ KWYO (3)			
Address				ROAD)				□ KYTI (4	4) 🗆	KLQ	Q (5)		OLD	IES	(6)	
						201			□ EDGE (7) 🗆	ART (8				□ GEO-DIGITAL			
City SHERIDAN State WY Zip 82801 Contact NICK SIDDLE Phone 307-751-183							332 Fov		□ MAGIC (10) 🗆	RNE	RNET (□ NON-BROADCA				
□ Local 7	-					siddle Dy					_	- .						
□ National 96 Product Code											Billing Type: ☐ Mon ☐ Weekly ☐ Othe							
☐ Trade	3	<u>Prio</u> rity <u>Aff</u> idavit	t type	_		,		<i>,</i> , , , , , , , , , , , , , , , , , ,		Billing: 🗆) Stand	dard Bı	roadca	st i	Cale	ndar M	√onth	
•	□ Ye		☑ No	If yes pecial l	s, co-op nstructio	description://5/ ons:	HERIDAN C	OUNTY COMP	MISSIONER	Notary: 🖟	Yes	□N	O					
BILL SPON SPOT		 CART CART	TC PC PC	 PRI	LEN LEN	START DATE START DATE START DATE	END DATE END DATE END DATE	 PROGRAM # START TIME	POSITION # END TIME	rate rate rate	М	Т	w	T	F	S	s	
3	1	329	96	/	:30	7/27/22	8/15/22	06130	08130	10.25	1		/		/			
	2						8/15/22	11:30	13:00	7.25	1		1		/			
	3						8/15/22		18:00	7.25	1		/		1			
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BT= Billing T	vpe-s	See Transact	tion De	scripti	on List								9		#	92.	25	
PC= Produc PRI= Priority	t Cod	e 1–99 (See							٤	Spots & Progra	ams		18		#	30.	,50	
		- (·	,····g/	-		27		本	222	,50	

CANDIDATE ADVERTISEMENT AGREEMENT FORM

Date of Station Agreement to Sell Time: 7/35/5	Date of Request to Purchase Ad Time: 1/25/22
Name: (FIM SCHELLINGER	Name: NICK SIDDLE
Signature: Jorde Maddlessign	Signature: Luie Sulik
Station Representative	Candidate/Committee/Agency
ISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY	THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.
or by such person or entity, and including applicable classes and rates, discount, promotion	(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.
candidate, or ndidate listed above;	the candidate listed above who is a legally qualified candidate, or the authorized committee of the legally qualified candidate listed above.
firmished by (rheck one box below):	The undersigned represents that
	Treasurer of candidate's authorized committee: \mathcal{N}/\mathcal{A}
General Primary	Date of election: AUGUST 16, 2022
ONER	Office sought (no acronyms or abbreviations): SHERIDAN COUNTY COMMISSIONER
	Candidate's political party: REPUBLICAN
	Agency requesting time (and contact information):
	Authorized committee: N/A
	Candidate name: NICK SIDDLE
CKS MUST BE COMPLETED	OHE/SMOIKSEIND TIV
FEDERAL CANDIDATE STATE OR LOCAL CANDIDATE	IDENTIFY CANDIDATE TYPE ST
See Order for proposed schedule and charges. See Invoice for actual schedule and charges.	See Order for proposed schedule and charge \mathcal{N}_{ICK}

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page 1

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:	
(EIEKAWEDEROI	# WIND NOTE:
Ad submitted to Station? Yes No	
Date ad received: 7/25/22	
Federal candidate certification signed (above):	Yes No NA
Disposition: Accepted Accepted Accepted	determine sponsor ID)*
*Upload partially accepted form, then promptly upload updated final form when complete	ated final form when complete.
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):	or ID tag):
Contract #: 3181 - 009 Station Call Letters:	s: Date Received/Requested: -AM 7/25/22
73 213	ation Location: Run Start and End Dates: $\frac{SHERIDAN}{J/27/22} - \frac{8}{15}$
Upload order, this form and invoice (or traffic system prince).	Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF-or- this space to about the dasses of time purchased, when spots actually aired, the rates charged and the dasses of time

purchased or attach separately. If station will not upload the actual times spots aired, the rates charged and the classes of time of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIE.

٠:



Sheridan Media P.O. Box 5086 Sheridan, WY 82801 307-672-7421

NICK SIDDLE 149 KEYSTONE RD SHERIDAN, WY 82801

KWYO-AM Order Confirmation

OrderID:

3181-009

Sponsor: Product:

Nick Siddle Nick Siddle

Estimate/PO:

AccountRep: BillingCycle:

House/political End-of-Schedule

Times/Rates InvoiceType:

Run Dates:

7/27/2022 - 8/15/2022

Items Ordered:

27 Ordered Amount: \$222.75

Scheduled Station(s): KWYO-AM

Sheridan County Commissioner

Run Dates	Run Weeks	Run Times	Mon	Tue	We	Thu	Fri	Sat	Sun	Week Total	Length	Descripti	Avail Type	Copy ID	Qty	ltem Cost	Total Cost
01 7/27/2022 - 8/15/2022 02 7/27/2022 - 8/15/2022 03 7/27/2022 - 8/15/2022	All Weeks All Weeks All Weeks	06:30 AM - 08:30 AM 11:30 AM - 01:00 PM 05:00 PM - 06:00 PM	1 1 1		1 1 1		1 1 1	7		3 3 3	:30	Spot Spot Spot		329 329 329	9 9 9	10,25 7,25 7,25	92.25 65.25 65.25
End-of-Schedule Pro	jected Billing:																
Jul-22	0.00	Aug-2	2			222.7	5		S	ep-22		0.	.00	C	3-2022		222.75
		"		•									Conf	irmed C	orract: P:	avmen	
Guaranteed		Accepted fo	Accepted for KWYO-AM									Confirmed Co			orrect; Pa	aymen	