

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, THOMAS L. BENNETT hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

THOMAS L. BENNETT

Authorized committee:

N/A

Agency requesting time (and contact information):

N/A

Candidate's political party:

REPUBLICAN

Office sought (no acronyms or abbreviations):

SHERIDAN COUNTY CORONER

Date of election:

AUGUST 16, 2022

General Primary

Treasurer of candidate's authorized committee:

N/A

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.

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: <u>Thomas L Bennett MD</u>	Signature: <u>Jim Schellinger</u>
Name: <u>Thomas L Bennett, M.D.</u>	Name: <u>Jim Schellinger</u>
Date of Request to Purchase Ad/Time: <u>7-11-22</u>	Date of Station Agreement to Sell Time: <u>7/11/22</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:

7/11/22

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 #:	3942-002	Station Call Letters:	KUYYO-AM	Date Received/Requested:	7/11/22
Est. #:		Station Location:	SHERIDAN, WYOMING	Run Start and End Dates:	7/13/22 - 8/15/22

Upload order, this form and invoice for 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.

KWYO-AM Order Confirmation

OrderID: 3742-002

Sponsor: Thomas L. Bennett
 Product: Thomas L. Bennett
 Estimate/PO:
 AccountRep: House/political
 BillingCycle: End-of-Schedule
 InvoiceType: Times/Rates
 Run Dates: 7/13/2022 - 8/15/2022
 Items Ordered: 45
 Ordered Amount: \$326.25



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

THOMAS L. BENNETT
 316 STATE HIGHWAY 335
 SHERIDAN, WY 82801

Scheduled Station(s): KWYO-AM Sheridan County Coroner

Printed 7/12/2022 8:25:19 AM

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Run Dates	Run Weeks	Run Times	Mon	Tue	We	Thu	Fri	Sat	Sun	Week Total	Length	Descripti	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 7/13/2022 - 8/15/2022	All Weeks	07:00 AM - 09:00 AM	1		1		1			3	:30	Spot		380	15	7.25	108.75
02 7/13/2022 - 8/15/2022	All Weeks	11:00 AM - 01:00 PM	1		1		1			3	:30	Spot		380	15	7.25	108.75
03 7/13/2022 - 8/15/2022	All Weeks	04:00 PM - 06:00 PM	1		1		1			3	:30	Spot		380	15	7.25	108.75

End-of-Schedule Projected Billing:

Jul-22	0.00	Aug-22	326.25	Sep-22	0.00	Q3-2022	326.25
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Guaranteed

Accepted for KWYO-AM

Confirmed Correct; Payment