

# Sales Order

Stations: KRNB-FM, KRNB-FM Agency: RED HOBBS & HARRIS  
 Contract Name: WORKING FAMILIES PARTY NATL IE Address: 55 WASHINGTON ST  
 Contract#: (none) QUITE #702  
 Start Date: 11/01/18 End Date: 11/06/18 City: BROOKLYN State: NY Zip: 11201  
 Revenue Type: Local Agency Type: Cash Phone: 647-626-5694  
 Advertiser: WORKING FAMILIES PARTY NATL IE Buyer:   
 Address:  Tax Schedule: NONE  
 City:  State:  Zip:  Agency Commission %: 15  
 Product Name: WORKING FAMILIES PARTY NATL IE Billing Cycle: Standard  
 Competitive Code: Political Salesperson: 494jjone Comm %: 0  
 Makegood Policy: Check Inventory Before Making Revision

Log	DATES	Alt	TIMES	LEN	DISTRIBUTION	RATE	TOTALS	PTY
1	11/01/18		6:00 AM	60	3 3	300.00	12 3,600.00	
2	11/01/18		10:00 AM	60	1 1	150.00	3 450.00	
3	11/01/18		3:00 PM	60	2 2	300.00	6 1,800.00	
4	11/03/18		10:00 AM	60	4 4	150.00	8 1,200.00	

TOTAL GROSS \$7,050.00, NET \$5,992.50

## KRNB-FM

Log	DATES		Alt	TIMES		LEN	DISTRIBUTION								RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS	\$\$	
1	11/01/18	11/06/18		6:00 AM	10:00 AM	60	3	3		3	3			12	D	300.00	12 3,600.00	
2	11/01/18	11/06/18		10:00 AM	3:00 PM	60	1			1	1			3	D	150.00	3 450.00	
3	11/01/18	11/06/18		3:00 PM	7:00 PM	60	2			2	2			6	D	300.00	6 1,800.00	
4	11/03/18	11/04/18		10:00 AM	7:00 PM	60						4	4	8	D	150.00	8 1,200.00	

TOTAL GROSS \$7,050.00, NET \$5,992.50

### Billing Projections: By Month

Nov 18  
 CA 13,300.00  
 ST 13,300.00

Term ID: 001

**Sale - Approved**

Date	10/31/18	Time 12:29:04
Method of Payment	<del>American Express</del>	
Entry Method	Manual	
Account #	<del>XXXXXXXXXXXX1000</del>	
Order ID	10312018	
Order Description:	WORKING FAMILIES PARTY NATIONAL IE	
Approval Code	288072	
Amount	\$11,305.00	

Customer Copy

KKDA = 5312.50  
KRNB = 5992.50 .

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b>  KRNH-FM <del>and KRNH-FM</del>	<b>Date:</b>  10/30/18
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I, Sophie Deixel  
do hereby request station time concerning the following issue:

Working Families Party National IE

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
See attached	See attached	See attached	See attached	See attached	See attached

<b>Total Charges:</b>	
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This broadcast time will be used by: Working Families Party National IE

**Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"**

☐ Yes ☒ No

For programming that “communicates a message relating to any political matter of national importance,” list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

N/A

For programming that “communicates a message relating to any political matter of national importance,” attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

Working Families Party National IE

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☒ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney’s fees, that may ensue from the broadcast of the above-requested advertisement(s). **For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least \_\_\_\_\_ before the time of the scheduled broadcasts.**

**TO BE SIGNED BY ISSUE ADVERTISER**

10/30/18

Date

Signature

Contact Phone Number

**TO BE SIGNED BY STATION REPRESENTATIVE**



Accepted



Accepted in Part



Rejected

Signature

Printed Name

Title

## AGREED UPON SCHEDULE

**For All Issue Advertisements That Communicate a Message Relating to Any Political Matter of National Importance**

<b>Broadcast Length</b>	<b>Time of Day, Rotation or Package</b>	<b>Days</b>	<b>Class</b>	<b>Times per Week</b>	<b>Number of Weeks</b>
See attached	See attached	See attached	See attached	See attached	See attached

**Total Charges:**

## AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

**Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.**