

**KLTZ 1240-AM**

# KLTZ

Broadcast Order

Account Executive Name

POW

Account Exec. Number

VO

Billing Cycle

Broadcast Month  
 Calendar Month

Routing

Please Initial

Agreement To

Health Mediators Services  
Medias Financial Services  
1655 Palm Beach Gardens Blvd, Suite 903  
West Palm Beach, Florida 33401

Under FCC regulations KLTZ & KLAN cannot discriminate on the basis of race or ethnicity. An advertiser whose intent is to discriminate in such manner shall be null & void.

Broadcast Dates

Start

10/22/18

End

Co-op

Product Advertisd/Co-op

Product: Est. 6596  
10/23 - 10/29  
Order# 3155750  
Agency Est# 6596  
Contract# 4337757

Code

Broadcast Times

Start End

Ad Length # of Ads

Rate

Amount

AD	Cart #	Cut #	Broadcast Dates	Co-op	Product Advertisd/Co-op	Code	Broadcast Times	Ad Length	# of Ads	Rate	Amount
A	8410		10/22/18		Product: Est. 6596	A	6A 10A	60	7	18.20	127.40
B					10/23 - 10/29	B	10A 2P	60	7	18.20	108.40
C					Order# 3155750	C	2P 7P	60	7	18.20	107.40
D					Agency Est# 6596	D					
E					Contract# 4337757	E					
F						F					

Special Instructions:

15/12

Totals

210

473.20

12/22/18

MO	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	MO	YEAR	ADS	AMOUNT
	Date 28 18 1C	Date 29 18 1C	Date 30 18 1C	Date 31 18 1C	Date 01 19 1C	Date 02 19 1C	Date 03 19 1C	JAN			
			Date 23 18 1C	Date 24 18 1C	Date 25 18 1C	Date 26 18 1C	Date 27 18 1C	FEB			
								MAR			
								APR			
								MAY			
								JUN			
								JUL			
								AUG			
								SEP			
								OCT	18		473.20
								NOV			
								DEC			
								TOTAL			

473.20 Gross

## Gwen Page

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**From:** noreplyMFS@stratag.com  
**Sent:** Monday, October 22, 2018 11:16 AM  
**To:** kltz@kltz.com  
**Subject:** PDF: New Order/Revision for KLTZ-AM Order No. 4337757 from Roger Rafson at PHILADELPHIA  
**Attachments:** 4744249.pdf

You have received a New Order/Revision for KLTZ-AM from Roger Rafson at PHILADELPHIA  
Advertiser: Healthy Montana  
Estimate: 6526  
Flt(start): 10/23/2018  
Market: Unmeasured Market  
Rep: Non-Rep Local Focus

Please direct questions or responses regarding this notification to the salesperson.

<b>STATION:</b>	KLTZ-AM	<b>ORDER#:</b>	3155750	<b>DATE:</b>	10/22/2018
<b>MARKET:</b>	Unmeasured Market	<b>AMOUNT:</b>	\$473.20	<b>AGENCY:</b>	MEDIA FINANCIAL SERVICES
<b>REP:</b>	Non-Rep Local Focus	<b>SPOTS:</b>	26		1655 Palm Beach Lakes Blvd. Suite 903 WEST PALM BEACH, FL 33401
<b>MOD:</b>	Stn Ver: 1 Last:				
<b>SALES OFFICE:</b>	PHILADELPHIA	<b>SLS PH:</b>	412 421 2600		
<b>SALESPERSON:</b>	Roger Rafson	<b>SLS FAX:</b>	412 421 6001		
<b>SLS EMAIL:</b>	Roger.Rafson@GenMediaPartners.com				
<b>AGENCY:</b>	MEDIA FINANCIAL SERVICES	<b>AGY CLI:</b>		<b>CONTRACT # FOR INVOICING</b>	<b>4337757</b>
<b>ADVERTISER:</b>	Healthy Montana	<b>AGY PRD:</b>		<b>INVOICE:</b>	MEDIA FINANCIAL SERVICES
<b>PRODUCT:</b>	Est.6526 10/23-10/29	<b>AGY EST:</b>	6526		1655 Palm Beach Lakes Blvd. Suite 903 WEST PALM BEACH, FL 33401
<b>FLIGHT:</b>	10-23-2018 TO 10/29/2018	[X]Unwired [ ]Spot [ ]Mod			
<b>TOT # OF DAYS:</b>	7				
<b>PRIM. DEMO:</b>	Adults 35+	[X]Cash [ ]Trade			
<b>SEC. DEMO:</b>		<b>SPOT TYPE:</b>		<b>LAST SENT:</b>	10/22/2018 09:34

**COMMENTS**

10/22/2018: This is a new order. Please confirm today to leta.mork@genmediapartners.com or in Radio Exchange if you are setup.

Invoices must include the Estimate number. Please include it within the product lines.

**THIS IS AN UNWIRED NETWORK ORDER. SEND AFFIDAVITS TO MFS AT THE ADDRESS ABOVE OR ELECTRONICALLY BY THE 3RD OF THE MTH AFTER THE BROADCAST MTH HAS AIRED. MFS ELECTRONIC INVOICES: RADIOINVOICES.COM: RI12580 OR 9912580; MARKETRON: 120873; Spot Data: IDB#1828; EMEDIATRADE: EMT10263.**

**ONLY UPON PAYMENT FROM THE AGY WILL MFS REMIT TO STATION. PAYMENT TO STATION WILL BE PROCESSED WITHIN 7 DAYS AFTER RECEIPT FROM AGENCY.**

Rates are gross. Stn will be billed by GMP for 15% commission on the net amount. Send invoices at the end of each broadcast mth and include both gross & net amts. Invoices must include date, time, ISCI code, & gross cost of each spot that aired. Post logs and affidavits can't substitute for invoices.

\*\*\*\*\* continue with current traffic UFN \*\*\*\*\*

DAY#1		10/23/2018 To 10/23/2018					TOT \$72.80		TOTAL SPOTS 4		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL
	1		.T.....	6:00AM	7:00PM	60	10/23/2018	10/23/2018	4	\$18.20	\$72.80

DAY#2		10/24/2018 To 10/24/2018					TOT \$72.80		TOTAL SPOTS 4		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL
	1		..W....	6:00AM	7:00PM	60	10/24/2018	10/24/2018	4	\$18.20	\$72.80

<b>STATION:</b>	KLTZ-AM	<b>ORDER#:</b>	3155750	<b>DATE:</b>	10/22/2018
<b>MARKET:</b>	Unmeasured Market	<b>AMOUNT:</b>	\$473.20	<b>AGENCY:</b>	MEDIA FINANCIAL SERVICES
<b>REP:</b>	Non-Rep Local Focus	<b>SPOTS:</b>	26		1655 Palm Beach Lakes Blvd. Suite 903 WEST PALM BEACH, FL 33401
<b>MOD:</b>	Stn Ver: 1 Last:				
<b>SALES OFFICE:</b>	PHILADELPHIA	<b>SLS PH:</b>	412 421 2600		
<b>SALESPERSON:</b>	Roger Rafson	<b>SLS FAX:</b>	412 421 6001		
<b>SLS EMAIL:</b>	Roger.Rafson@GenMediaPartners.com				
<b>AGENCY:</b>	MEDIA FINANCIAL SERVICES	<b>AGY CLI:</b>		<b>CONTRACT # FOR INVOICING</b>	<b>4337757</b>
<b>ADVERTISER:</b>	Healthy Montana	<b>AGY PRD:</b>		<b>INVOICE:</b>	MEDIA FINANCIAL SERVICES
<b>PRODUCT:</b>	Est.6526 10/23-10/29	<b>AGY EST:</b>	6526		1655 Palm Beach Lakes Blvd. Suite 903 WEST PALM BEACH, FL 33401
<b>FLIGHT:</b>	10-23-2018 TO 10/29/2018		[X]Unwired [ ]Spot [ ]Mod		
<b>TOT # OF DAYS:</b>	7				
<b>PRIM. DEMO:</b>	Adults 35+		[X]Cash [ ]Trade		
<b>SEC. DEMO:</b>		<b>SPOT TYPE:</b>		<b>LAST SENT:</b>	10/22/2018 09:34

DAY#3		10/25/2018 To 10/25/2018						TOT \$72.80		TOTAL SPOTS 4		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	1		...T...	6:00AM	7:00PM	60	10/25/2018	10/25/2018	4	\$18.20	\$72.80	

DAY#4		10/26/2018 To 10/26/2018						TOT \$72.80		TOTAL SPOTS 4		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	1		....F..	6:00AM	7:00PM	60	10/26/2018	10/26/2018	4	\$18.20	\$72.80	

DAY#5		10/27/2018 To 10/27/2018						TOT \$54.60		TOTAL SPOTS 3		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	2		.....S.	6:00AM	7:00PM	60	10/27/2018	10/27/2018	3	\$18.20	\$54.60	

DAY#6		10/28/2018 To 10/28/2018						TOT \$54.60		TOTAL SPOTS 3		
MC	LN	SPT TYP	DAYS	START	END TIME	LEN	START	STOP	SP/DY	RATE	TOTAL	
	3		.....S	6:00AM	7:00PM	60	10/28/2018	10/28/2018	3	\$18.20	\$54.60	



## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b>	<b>Date:</b>
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I, The New Media Firm

do hereby request station time concerning the following issue:

MT Ballot Measure (I-185)

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

This broadcast time will be used by: Healthy Montana

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT  
"COMMUNICATES A POLITICAL MATTER OF NATIONAL IMPORTANCE."  
FOR ALL OTHER ISSUE ADS, PLEASE GO TO PAGE 3.**

Programming that "communicates a political matter of national importance" includes (1) references to legally qualified candidates (presidential, vice presidential or congressional); (2) any election to Federal office (e.g., any references to "our next senator", "our person in Washington" or "the President"); and (3) a national legislative issue of public importance (e.g., Affordable Care Act, revising the IRS tax code, federal gun control or any federal legislation).

**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 offices being sought, the date(s) of the election(s) and/or the issue to which the communication refers (if applicable):

[Empty box for candidate and issue information]

I represent that the payment for the above described broadcast time has been furnished by (name and address):

[Empty box for sponsor name and address]

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

[Empty box for executive officers or board members]

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 5)

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT  
DOES NOT "COMMUNICATE A POLITICAL MATTER OF NATIONAL  
IMPORTANCE"**

I represent that the payment for the above described broadcast time has been furnished by (name and address):

Healthy Montana, Dr. Steven Bailey Treasurer, P.O. Box 1614, Helena, MT 59624

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

Dr. Steven Bailey Treasurer



**TO BE COMPLETED FOR ALL ISSUE ADVERTISEMENTS**

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

The Sponsor agrees 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), the sponsor also agrees to prepare a script, transcript, or tape, which will be delivered to the station at least 24 hours before the time of the scheduled broadcasts.

**TO BE SIGNED BY ISSUE ADVERTISER (SPONSOR)**

8/16/18

Date

  
Signature

202-775-1440

Contact Phone Number

**TO BE SIGNED BY STATION REPRESENTATIVE**

Accepted

Accepted in Part

Rejected

  
Signature

Shirley Trang  
Printed Name

General  
Manager  
Title