

KLTZ-AM RADIO  
 BOX 671  
 GLASGOW, MT. 59230  
 406-228-9336

# KLTZ Invoice

Invoice ID: 18100700  
 Invoice Date: 10/31/2018  
 Account ID: 4369  
 Order ID: 4369-001  
 Account Rep: Political

Amount Due: \$0.00  
 Amount Paid: \_\_\_\_\_

MONTANA MEDICAL ASSOCIATION  
 2021 11 AVE., SUITE 1  
 HELENA, MT 59601

KLTZ@KLTZ.COM  
 WWW.KLTZ.COM

Sponsor: Montana Medical Association  
 Montana Medical Association

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Date	Time	Length	Description	CopyID / ISCI Code	Cost
10/29/2018	04:10 PM	:30	Spot	1081	9.25
10/29/2018	04:53 PM	:30	Spot	1081	9.25
10/29/2018	05:23 PM	:30	Spot	1081	9.25
10/29/2018	06:29 PM	:30	Spot	1081	9.25
10/30/2018	06:12 AM	:30	Spot	1081	9.25
10/30/2018	06:28 AM	:30	Spot	1081	9.25
10/30/2018	06:55 AM	:30	Spot	1081	9.25
10/30/2018	07:36 AM	:30	Spot	1081	9.25
10/30/2018	08:30 AM	:30	Spot	1081	9.25
10/30/2018	04:20 PM	:30	Spot	1081	9.25
10/30/2018	04:40 PM	:30	Spot	1081	9.25
10/30/2018	04:50 PM	:30	Spot	1081	9.25
10/30/2018	05:22 PM	:30	Spot	1081	9.25
10/31/2018	06:12 AM	:30	Spot	1081	9.25
10/31/2018	06:28 AM	:30	Spot	1081	9.25
10/31/2018	06:55 AM	:30	Spot	1081	9.25
10/31/2018	07:36 AM	:30	Spot	1081	9.25
10/31/2018	08:30 AM	:30	Spot	1081	9.25
10/31/2018	04:20 PM	:30	Spot	1081	9.25
10/31/2018	04:40 PM	:30	Spot	1081	9.25
10/31/2018	04:50 PM	:30	Spot	1081	9.25
10/31/2018	05:22 PM	:30	Spot	1081	9.25
<b>22 Total Items</b>				<b>Total Cost:</b>	<b>\$203.50</b>
10/29/2018 PrePayment Applied Check:					-\$203.50
<b>Amount Due:</b>					<b>\$0.00</b>

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice



**Amount Due: \$0.00**

# KLTZ Invoice

KLTZ-AM RADIO  
 BOX 671  
 GLASGOW, MT. 59230  
 406-228-9336

Invoice ID: 18110076  
 Invoice Date: 11/6/2018  
 Account ID: 4369  
 Order ID: 4369-001  
 Account Rep: Political

Amount Due: \$0.00  
 Amount Paid: \_\_\_\_\_

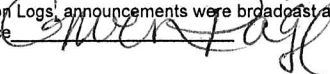
MONTANA MEDICAL ASSOCIATION  
 2021 11 AVE., SUITE 1  
 HELENA, MT 59601

KLTZ@KLTZ.COM  
 WWW.KLTZ.COM

Sponsor: Montana Medical Association  
 Montana Medical Association

Date	Time	Length	Description	CopyID / ISCI Code	Cost
11/1/2018	06:12 AM	:30	Spot	1081	9.25
11/1/2018	06:28 AM	:30	Spot	1081	9.25
11/1/2018	06:55 AM	:30	Spot	1081	9.25
11/1/2018	07:36 AM	:30	Spot	1081	9.25
11/1/2018	08:30 AM	:30	Spot	1081	9.25
11/1/2018	04:20 PM	:30	Spot	1081	9.25
11/1/2018	04:40 PM	:30	Spot	1081	9.25
11/1/2018	04:50 PM	:30	Spot	1081	9.25
11/1/2018	05:22 PM	:30	Spot	1081	9.25
11/2/2018	06:12 AM	:30	Spot	1081	9.25
11/2/2018	06:20 AM	:30	Spot	1081	9.25
11/2/2018	06:55 AM	:30	Spot	1081	9.25
11/2/2018	07:36 AM	:30	Spot	1081	9.25
11/2/2018	08:30 AM	:30	Spot	1081	9.25
11/2/2018	04:20 PM	:30	Spot	1081	9.25
11/2/2018	04:40 PM	:30	Spot	1081	9.25
11/2/2018	04:50 PM	:30	Spot	1081	9.25
11/2/2018	05:22 PM	:30	Spot	1081	9.25
<b>18 Total Items</b>				<b>Total Cost:</b>	<b>\$166.50</b>
10/29/2018 PrePayment Applied Check:					-\$166.50
<b>Amount Due:</b>					<b>\$0.00</b>

AFFIDAVIT OF PERFORMANCE: I Certify that, in accordance with the Official Station Logs, announcements were broadcast as shown on this invoice.



**Amount Due: \$0.00**