

# Sales Order

Station: KLCE-FM Buyer: \_\_\_\_\_  
 Contract Name: HORMAN FOR IDAHO KLCE 2024 Tax Schedule: \_\_\_\_\_ (None)  
 Contract#: \_\_\_\_\_ (none) Agency Commission %: 0  
 Start Date: 5/13/24 End Date: 5/21/24 Billing Cycle: Calendar  
 Revenue Type: POLITICAL - LOCAL Type: Cash Salesperson: 424jmill Comm %: 0  
 Advertiser: WENDY HORMAN FOR REPRESENTAT. Makegood Policy: WITH IN CONTRACT DATES  
 Address: 1860 Heather Circle  
 City: Ammon State: ID Zip: 83406  
 Phone: (208) 521-3384  
 Product Name: WENDY HORMAN 2024  
 Competitive Code: POLITICAL

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION										RATE	TOTALS		PTY
	START	END		START	END		M	T	W	T	F	SA	SU	Per Wk	D/W	SPOTS		\$\$		
1	5/13/24	5/17/24		6:00 AM	7:00 PM	30	X	X	X	X	X			10	W	36.00	10	360.00		
2	5/13/24	5/17/24		6:00 AM	7:00 PM	15	X	X	X	X	X			15	W	23.00	15	345.00		
3	5/20/24	5/21/24		6:00 AM	7:00 PM	30	X	X						5	W	36.00	5	180.00		
4	5/20/24	5/21/24		6:00 AM	7:00 PM	30	X	X						5	W	23.00	5	115.00		

Billing Projections: By Month

May 24  
 CA 1,000.00  
 ST 1,000.00

Print Spot Prices

TOTAL SPOTS \_\_\_\_\_ 35  
 GROSS TOTAL \$ \_\_\_\_\_ 1,000.00  
 ADJUSTED SPOTS \_\_\_\_\_ 35  
 ADJUSTED TOTAL \$ \_\_\_\_\_ 1,000.00

APPROVE    DECLINE  
        General Sales Manager  
        General Manager  
        National Sales Manager  
        Local Sales Manager

### CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Wendy Horman, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE   FEDERAL CANDIDATE  
 STATE OR LOCAL CANDIDATE

#### ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Wendy Horman

Authorized committee: Committee to Elect Wendy Horman

Agency requesting time (and contact information):  
 N/A

Candidate's political party: Republican

Office sought (no acronyms or abbreviations): Representative District 32B

Date of election: 5/21/24  General  Primary

Treasurer of candidate's authorized committee: Tim Anderson CPA

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>Wendy Horman</u>	Signature:
Name: <u>Wendy Horman</u>	Name:
Date of Request to Purchase Ad Time: <u>5/10/24</u>	Date of Station Agreement to Sell Time:

**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: 5/10/2024

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 #:	Station Call Letters: <u>KLCE/KTHX</u>	Date Received/Requested: <u>5/10/2024</u>
Est. #:	Station Location: <u>Idaho Falls, ID</u>	Run Start and End Dates: <u>5/13/2024 - 5/21/2024</u>

Upload order, this form and invoice (or 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.



Andrea Smith <andrea@eiradio.com>

**[billing] Merchant Copy: Successful charge from WENDY HORMAN**

1 message

Riverbend Communications <help@marketron.com>

Fri, May 10, 2024 at 1:27 PM

Reply-To: help@marketron.com

To: billing@eiradio.com



Receipt

Paid

Amount

**\$1,495.00**

**Transaction Date**

May 10, 2024

**Transaction ID**

8e79b8ba

**Subtotal** **\$1,495.00**

Tax **\$0.00**

**TOTAL PAID** **\$1,495.00**

**Payment**

VISA 8334

**Customer**

WENDY HORMAN