



MEDIA SERVICES ORDER

Today's Date 02/14/20

New Account Contract # _____ Acct # _____
 New Order Client Name Michele Cervone
 Revision Agency Marketplace Communications
 Cancellation Address on file

Est #/PO # _____
Product Code: Political Non-Candidate
Campaign Name: Megan Dahle Independent Expenditure
Inv/Co-Op Desc: _____
Sales Pkg Name: _____

Calendar Month Bill
 Broadcast Month Bill

Acct Mgr _____ City/State/Zip _____
Contact _____
Phone _____
Fax _____
Email _____

<input checked="" type="checkbox"/> Direct	<input checked="" type="checkbox"/> Airtime	AP EN	Talent (Circle one)
<input type="checkbox"/> Agency	<input type="checkbox"/> Non-Spot	<input type="checkbox"/> Network	
<input type="checkbox"/> National	<input type="checkbox"/> Display	<input type="checkbox"/> Tech Fees	
<input type="checkbox"/> Political	<input type="checkbox"/> Streaming	<input type="checkbox"/> Hard Cost	

Cash
 Trade
 Notarize Invoice
 Notarize Script

Station
KCCL KCEZ KNCQ KKXS
KKCY KBQB KHRD
KMJE KRQR KEWB Results
KUBA KTHU KESR Radio

Prepay (Amt/Ck #): _____

Special Instructions/Comments:

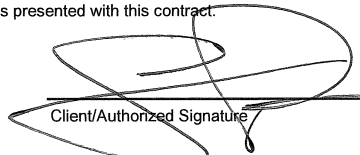
Line Item #	Program Spot/Spnsr/Pkg	Start Date	End Date	Daypart	Len	Rate								M thru Su Total	Sp per wk	Total # of Weeks	Total # Spots	Total \$
							M	T	W	Th	F	Sa	Su					
1	KNCQ	02/19/20	02/21/20	6a-10a	60	60.00			2	2	2			6		1	6	\$ 360.00
2		02/19/20	02/21/20	3p-7p	60	50.00			3	3	3			9		1	9	\$ 450.00
3		02/24/20	02/28/20	6a-10a	60	60.00	2	2	3	3	3			13		1	13	\$ 780.00
4		02/24/20	02/28/20	3p-7p	60	50.00	3	3	3	3	3			15		1	15	\$ 750.00
5		03/02/20	03/03/20	6a-10a	60	60.00	2	2						4		1	4	\$ 240.00
6		03/02/20	03/03/20	3p-7p	60	50.00	2	2						4		1	4	\$ 200.00
7		02/22/20	02/29/20	6a-7p	60	25.00								4		2	8	\$ 200.00
8																2		\$ -
9																		\$ -
10																		\$ -

Total # of Spots 59 Gross \$ 2,980.00
Agency Fee \$ -
Net \$ 2,980.00

Acknowledgement: This is a contract to purchase Media Services. CLIENT hereby agrees to pay for delivered services upon receipt of invoice and understands and agrees to the Contract Conditions presented with this contract.

Accepted By Client or appointed agent:

STEPHEN RODRIGUEZ
Print Name


Client/Authorized Signature Date 2-14-20

Acct Manager Signature Date

Jan \$ _____ Apr \$ _____ Jul \$ _____ Oct \$ _____
Feb \$ _____ May \$ _____ Aug \$ _____ Nov \$ _____
Mar \$ _____ Jun \$ _____ Sep \$ _____ Dec \$ _____

Station Approval Signature Date



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Cash
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Prepay (Amt/Ck #): _____

Special Instructions/Comments:

Line Item #	Program Spot/Spnsr/Pkg	Start Date	End Date	Daypart	Len	Rate								M thru Su Total	Sp per wk	Total # of Weeks	Total # Spots	Total \$
							M	T	W	Th	F	Sa	Su					
1	KHRD	02/23/20	03/01/20	6a-7p	60	10.00							8	8	2	16	\$ 160.00	
2		02/19/20	02/21/20	6a-10a	60	15.00			4	4	4			12	1	12	\$ 180.00	
3		02/19/20	02/21/20	3p-7p	60	15.00			4	4	4			12	1	12	\$ 180.00	
4		02/24/20	02/28/20	6a-10a	60	15.00	4	4	4	4	4			20	1	20	\$ 300.00	
5		02/24/20	02/28/20	3p-7p	60	15.00	4	4	4	4	4			20	1	20	\$ 300.00	
6		03/02/20	03/03/20	6a-10a	60	15.00	4	4						8	1	8	\$ 120.00	
7		03/02/20	03/03/20	3p-7p	60	15.00	4	4						8	1	8	\$ 120.00	
8		02/22/20	02/29/20	6a-7p	60	10.00						8		8	2	16	\$ 160.00	
9																	\$ -	
10																	\$ -	

Total # of Spots 112 Gross \$ 1,520.00
Agency Fee \$ -
Net \$ 1,520.00

Acknowledgement: This is a contract to purchase Media Services. CLIENT hereby agrees to pay for delivered services upon receipt of invoice and understands and agrees to the Contract Conditions presented with this contract.
Accepted By Client or appointed agent:

STEPHEN RODRIGUEZ
Print Name

Client/Authorized Signature Date 2/14/20

Acct Manager Signature Date

Jan \$ _____ Apr \$ _____ Jul \$ _____ Oct \$ _____
Feb \$ _____ May \$ _____ Aug \$ _____ Nov \$ _____
Mar \$ _____ Jun \$ _____ Sep \$ _____ Dec \$ _____

Station Approval Signature Date