K-WAVE FM 105 ~ KPEN FM 102 ~ K-BAY 93.3 ~ KGTL AM 620/FM 100 World Class Rock True Country Classic Hits News/Talk TIME ORDER Co-Op: Dr Al Gross for US Senate Phone: **216-535-3967** Fax: Advertiser: invoices@mediafinancial.com City: Philadelphia State: PA Address: Zip Code Media Financial Services **K-WAVE FM 105** Est.# MON TUE WED THU FRI SAT SUN Stop: **□:30** ∏:60 AAA Total: \$0.00 DAP TAP Order # 3176042 **KPEN FM 102** Est.# MON TUE WED Start: 08/25/20 Stop: 08/31/20 THU FRI SAT SUN # of spots 54 **30** X:60 AAA See Sched ule For Exact Place ment Rate: \$20.00 Total: \$1,080.00 DAP XTAP K-BAY FM 93.3 Est.# MON | TUE | WED | Stop: THU FRI SAT SUN Start: 1:30 :60 For AAA See Sched ule Exact Place ment _____ Total: DAP Rate: TAP Order # 3176042 KGTL AM 620 & FM 100 Est.# MON | TUE | WED | THU SAT SUN Start: 08/25/20 Stop: 08/31/20 # of spots 54 :30 X :60 AAA Sched See ule For Exact Place ment Rate: \$15.00 Total: \$810.00 DAP XTAP K-WAVE \$0.00 **KPEN** \$1,080.00 Contract # for invoicing: 4386454 K-BAY \$0.00 KGTL \$810.00 Sub-total \$1,890.00 Peter Larsen Discount Approved by: Email: **□** Fax: □ Date / Time: 8/24/2020 14:24 Less Aagency < \$567.00 > Michael Becker Tax \$30.00 Sales Person: Total \$1,353.00

♦P.O. Box 109 ♦ Homer, AK 99603 (907) 235-6000 **♦ Fax (907) 235-6683**

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges. I, Buying Time Media, LLC, hereby request station time as follows:				
	nerally request attender time do rememble			
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE TE OR LOCAL CANDIDATE			
ALL QUESTIONS/BLOCI	KS MUST BE COMPLETED			
Candidate name:				
Dr. Al Gress				
Authorized committee:				
Dr. Al Gross for U.S. Senate				
Agency requesting time (and contact information):				
N/A 650 Massachusetts Ave. Suite 210 N.W. Washingt	en D.C. 20001			
Candidate's political party:				
Democratic				
Office sought (no acronyms or abbreviations):				
United States Senate (Alaska)				
Date of election:	✓ General Primary			
November 3rd, 2020				
Treasurer of candidate's authorized committee:				
Jay Petterson				
The undersigned represents that:	no e i status per autorios. Patrios si incominante antico, com en l'accordin mono de la l'encondid dala antico de autorios de l'encondid dala antico de autorios de l'encondid dala antico de l'encondid dalla antico della antico			
(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 (not applicable to federal candidates).				
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: Kare Dull Name: Kareh Diehl	Signature:			
Name: Kareh Diehl	Name:			
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time:			

to missipposing candidate of itst de total pration of at least four perond	at the broadcast matter to es - 2: contains a clearly ide is ansi a simultaneously dis ast and that the candidate contains a personal audic d candidate has approved t	intifiable photograph played printed stated and/or the candidate itatement by the cand	ent identifying the candidate, that is authorized committee hald for the	
Signature Phre				
Name Jay Retterson Treusurer				
Date: 7/16/20				
TO BE COMPLETED BY STATION ONLY				
Ad supmitted to Station?	res No	Date ad received:		
Note: Must have separate P8-19	Forms for each version	of the ad (i.e., for e	very ad with differing copy).	
Federal condidate codification signs	diabover . Yes	No	NA	
Disport of				
ಕು ಕಟ್ಟಡ				
All ented to PART leigh, ad copy not yet received to determine abonsor ID:				
riesporte di la provide reasoni				
e region (A. E. Gore, Michigan Codica)				
*Unicad purtially accepted form, then promptly upload updated final form when complete. Date and rature of follow ups, if any leigh insufficient sponsor (Ö tag):				
Contract fr	Station Call Letters		Date Received/Requested.	
Lay B	Station Location		Run Start and End Öates:	
Uplications this form and invoice (or traffix system orint out; or other documents reflecting this transaction to the OPIF or use this source to document schedule of time purchasted. When apots actually aired, the rates charged and trie classes of time purchased or idiach separately. If station will not upload the actual times apots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Term's and Disclosures" folder in the OPIF.				