

TIME ORDER

Co-Op:

Advertiser: Alaskans for Dan Sullivan Phone: 703-299-1760 Fax: _____

Address: 66 Canal Center Plaza City: Alexandria State: VA Zip Code 22314

Suite 555

Crossroads Media LLC

K-WAVE FM 105

Est.# _____

Start: _____ Stop: _____

of spots _____ :30 :60 :

Rate: _____ Total: \$0.00

MON	TUE	WED	THU	FRI	SAT	SUN

AAA
DAP
TAP

KPEN FM 102/KGTL AM 620

Est.# 5642

Start: 09/22/20 Stop: 09/28/20

of spots 15 :30 :60 : _____ 6a-10a

Rate: \$18.75 Total: \$281.25

MON	TUE	WED	THU	FRI	SAT	SUN

AAA	See	Sched	ule	For	Exact	Place	ment
DAP							
TAP							

K-BAY FM 93.3

Est.# 5642

Start: 09/22/20 Stop: 09/28/20

of spots 49 :30 :60 : Specified

Rate: \$24.00 Total: \$1,176.00

MON	TUE	WED	THU	FRI	SAT	SUN

AAA	See	Sched	ule	For	Exact	Place	ment
DAP							
TAP							

KGTL AM 620 & FM 100

Est.# 5642

Start: 09/22/20 Stop: 09/28/20

of spots 39 :30 :60 : Specified

Rate: \$18.75 Total: \$731.25

MON	TUE	WED	THU	FRI	SAT	SUN

AAA	See	Sched	ule	For	Exact	Place	ment
DAP							
TAP							

K-WAVE \$0.00

KPEN/KGTL \$281.25

K-BAY \$1,176.00

KGTL \$731.25

Sub-total \$2,188.50

Discount < _____ >

Less Agency < \$328.28 >

Tax \$30.00

Total \$1,890.22

***Note: Spots scheduled 6a-10a on KPEN are also simulcast on KGTL**

Approved by: Patti Heck

Email: Fax: Date / Time: 9/8/2020 16:02

Sales Person: Michael Becker

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Crossroads Media, hereby request station time as follows:

<div style="border: 1px solid black; padding: 2px; display: inline-block;"> IDENTIFY CANDIDATE TYPE </div>	<input checked="" type="checkbox"/> FEDERAL CANDIDATE <input type="checkbox"/> STATE OR LOCAL CANDIDATE
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ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Dan Sullivan	
Authorized committee: Alaskans for Dan Sullivan	
Agency requesting time (and contact information): <input type="checkbox"/> N/A Crossroads Media	
Candidate's political party: Republican	
Office sought (no acronyms or abbreviations): Senator	
Date of election: November 3rd	<input checked="" type="checkbox"/> General <input type="checkbox"/> Primary
Treasurer of candidate's authorized committee: Tim Koch	
The undersigned represents that: (1) the payment for the broadcast time requested has been furnished by (check one box below): <input type="checkbox"/> the candidate listed above who is a legally qualified candidate, or <input checked="" type="checkbox"/> 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:	Signature:
Name: Media Buyer	Name: Michael Becker
Date of Request to Purchase Ad Time: August 20th, 2020	Date of Station Agreement to Sell Time: 8/20/20

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: Crossroads Media

Date: 8/20/2020

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No

Date ad received: _____

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:	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates:

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.