

New Client New Order
 Revision of Order Add Change

Order Number 3951-001

Sheridan Media

Broadcast Order

Customer Number _____

Customer Agency _____

Advertiser FRIENDS OF GARY MILLER

- KROE (1) KZWY (2) KWYO (3)
- KYTI (4) KLQQ (5) OLDIES (6)
- EDGE (7) SMART (8) GEO-DIGITAL
- MAGIC (10) INTERNET NON-BROADCAST

Address 375 W. COLLEGE AVENUE

City SHERIDAN State WY Zip 82801

Contact GARY MILLER Phone 307-752-5675 Fax _____

Local 7 POLITICAL Salesperson _____
 National 98 Product Code _____
 Trade 1 Priority _____
 Other 3 Affidavit type _____

E-mail garymiller HD29@gmail.com

Billing Type: Monthly End-of-Schedule (E.O.S.)
 Weekly Other

Co-op Billing? Yes No If yes, co-op description: WYOMING HOUSE DISTRICT 29
 Special Instructions: _____

Billing: Standard Broadcast Calendar Month
Notary: Yes No

BILL SPON SPOT	CART CART	TC PC PC	--- --- PRI	--- --- LEN LEN	START DATE	END DATE	PROGRAM # START TIME	POSITION # END TIME	RATE RATE RATE	M	T	W	T	F	S	S
					START DATE	END DATE										
1	333	98	1	:30	8/1/22	8/15/22	06:00	10:00	12.00	1	1	1	1	1		
					8/1/22	8/15/22	10:00	13:00	12.00	1	1	1	1	1		
					8/1/22	8/15/22	13:00	16:00	12.00	1	1	1	1	1		
					8/1/22	8/15/22	16:00	19:00	12.00	1	1	1	1	1		

TOTALS UNITS REVENUE

BT= Billing Type-See Transaction Description List
PC= Product Code 1-99 (See List)
PRI= Priority Code (See List)

Spots & Programs 44 \$ 528.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, GARY MILLER hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

GARY MILLER

Authorized committee:

FRIENDS OF GARY MILLER

Agency requesting time (and contact information):

N/A

Candidate's political party:

REPUBLICAN

Office sought (no acronyms or abbreviations):

WYOMING STATE HOUSE DISTRICT 29 REPRESENTATIVE

Date of election:

AUGUST 16, 2022

General

Primary

Treasurer of candidate's authorized committee:

TIM SCHELLENBERGER

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: 	Signature:
Name: <u>GARY MILLER 7-28-22</u>	Name: <u>TIM SCHELLENBERGER</u>
Date of Request to Purchase Ad Time:	Date of Station Agreement to Sell Time: <u>7/28/22</u>

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:

7/28/22

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 #:	3951-001	Station Call Letters:	KRDE-AM	Date Received/Requested:	7/28/22
Est. #:		Station Location:	SHERIDAN, WYOMING	Run Start and End Dates:	8/1/22 - 8/15/22

Upload order, this form and invoice (or traffic system print-out or other documents reflecting this transaction to the OPB) 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 OPB.



Sheridan Media
 P.O. Box 5086
 Sheridan, WY
 82801
 307-672-7421

KROE-AM Order Confirmation

OrderID: 3751-001

Sponsor: Friends of Gary Miller
 Product: Friends of Gary Miller
 Estimate/PO:
 AccountRep: House/political
 BillingCycle: End-of-Schedule
 InvoiceType: Times/Rates
 Run Dates: 8/1/2022 - 8/15/2022
 Items Ordered: 44
 Ordered Amount: \$528.00

FRIENDS OF GARY MILLER
 375 W. COLLEGE AVENUE
 SHERIDAN, WY 82801

Scheduled Station(s): KROE-AM Wyoming House District 29

Printed 7/28/2022 11:33:10 AM

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Run Dates	Run Weeks	Run Times	Mon	Tue	We	Thu	Fri	Sat	Sun	Week Total	Length	Descripti	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 8/1/2022 - 8/15/2022	All Weeks	06:00 AM - 10:00 AM	1	1	1	1	1			5	:30	Spot		333	11	12.00	132.00
02 8/1/2022 - 8/15/2022	All Weeks	10:00 AM - 01:00 PM	1	1	1	1	1			5	:30	Spot		333	11	12.00	132.00
03 8/1/2022 - 8/15/2022	All Weeks	01:00 PM - 04:00 PM	1	1	1	1	1			5	:30	Spot		333	11	12.00	132.00
04 8/1/2022 - 8/15/2022	All Weeks	04:00 PM - 07:00 PM	1	1	1	1	1			5	:30	Spot		333	11	12.00	132.00

End-of-Schedule Projected Billing:

Jul-22	0.00	Aug-22	528.00	Sep-22	0.00	Q3-2022	528.00
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Confirmed Correct; Payment

Guaranteed

Accepted for KROE-AM