

New Client New Order
 Revision of Order Add Change

Order Number 2845-022

Sheridan Media Broadcast Order

Customer Number _____
 Advertiser FRIENDS OF MARK KINNER
 Address 456 SUMNER ST.
 City SHERIDAN State WY Zip 82801

Customer Agency _____
 KROE (1) KZWY (2) KWYO (3)
 KYTI (4) KLQQ (5) OLDIES (6)
 EDGE (7) FOX (8) SMART (9)
 MAGIC (10) INTERNET GEO-DIGITAL

Contact MARK KINNER Phone 307-674-4777 Fax _____
 Local 7 POLITICAL Salesperson _____ E-mail wykinner@gmail.com
 National 98 Product Code _____
 Trade 1 Priority _____
 Other 6 Affidavit type _____

Billing Type: Monthly End-of-Schedule E.O.S.
 Weekly Other
 Billing: Standard Broadcast Calendar Month
 Notary: Yes No

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

BILL SPON SPOT	CART CART	TC PC PC	PRI	LEN	START DATE	END DATE	PROGRAM#	POSITION#	RATE	M	T	W	T	F	S	S
1	336	98	1	:30	8/10/20	8/17/20	06:00	10:00	12.00	1	1	1	1	1	2	2
			2	:30	8/15/20	8/16/20	11:00	13:00	9.25						2	2
			2	:30	8/15/20	8/16/20	16:00	18:00	9.25						2	2

TOTALS	UNITS	REVENUE
	10	\$120.00
Spots & Programs	8	\$74.00
	18	\$194.00

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

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, MARK KINNER, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

MARK S. KINNER

Authorized committee:

FRIENDS OF MARK KINNER

Agency requesting time (and contact information):

N/A

Candidate's political party:

REPUBLICAN

Office sought (no acronyms or abbreviations):

WYOMING STATE HOUSE REPRESENTATIVE

Date of election:

AUGUST 18, 2020

General

Primary

Treasurer of candidate's authorized committee:

MARK KINNER

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>MARK S. KINNER</u>	Name: <u>TIM SCHELLINGER</u>
Date of Request to Purchase Ad Time: <u>8-5-20</u>	Date of Station Agreement to Sell Time: <u>8/5/20</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:

Mark S. Kinner

Name:

MARK S. KINNER

Date:

8-5-20

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

8/4/20

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:
2845-022	KRQE	8/5/20
Est. #:	Station Location:	Run Start and End Dates:
	SHERIDAN, WYOMING	8/16/20 – 8/17/20

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.



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

KROE-AM Order Confirmation

OrderID: 2845-022

Sponsor: Friends of Mark Kinner
 Product: Friends of Mark Kinner
 Estimate/PO:
 AccountRep: House/political
 BillingCycle: End-of-Schedule
 InvoiceType: Times/Rates
 Run Dates: 8/10/2020 - 8/17/2020
 Items Ordered: 18
 Ordered Amount: \$194.00

FRIENDS OF MARK KINNER
 456 SUMNER ST.
 SHERIDAN, WY 82801

Scheduled Station(s): KROE-AM Friends of Mark Kinner

Printed 8/6/2020 2:31:55 PM

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Run Dates	Run Weeks	Run Times	Mo	Tue	We	Thu	Fri	Sat	Sun	Week Total	Length	Descriptio	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 8/10/2020 - 8/17/2020	All Weeks	06:00 AM - 10:00 AM	1	1	1	1	1	2	2	9	:30	Spot		336	10	12.00	120.00
02 8/15/2020 - 8/16/2020	All Weeks	11:00 AM - 03:00 PM						2	2	4	:30	Spot		336	4	9.25	37.00
03 8/15/2020 - 8/16/2020	All Weeks	04:00 PM - 06:00 PM						2	2	4	:30	Spot		336	4	9.25	37.00

End-of-Schedule Projected Billing:

Jul-20	0.00	Aug-20	194.00	Sep-20	0.00	Q3-2020	194.00
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Guaranteed

Accepted for KROE-AM

Confirmed Correct; Payment