

New Client New Order
 Revision of Order Add Change

Order Number 3180-008

Sheridan Media

Broadcast Order

Customer Number _____

Customer Agency _____

Advertiser CYRUS WESTERN

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

Address 185 WILDFLOWER CIRCLE

City BIG HORN State WY Zip 82833

Contact CYRUS WESTERN Phone 307-202-9497 Fax _____

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

Local 7 POLITICAL Salesperson _____ E-mail cyrus@votewestern.com

National 98 Product Code _____

Trade 1 Priority _____

Other 6 Affidavit type _____

Billing: Standard Broadcast Calendar Month
Notary: Yes No

Co-op Billing? Yes No If yes, co-op description: WYOMING HOUSE DIST, 51
 Special Instructions: _____

BILL SPON SPOT	CART CART	TC PC PC	PRI	LEN LEN	START DATE	END DATE	PROGRAM#	POSITION#	RATE RATE RATE	M	T	W	T	F	S	S
					START DATE	END DATE										
1	340	98	1	:30	8/15/20	8/18/20	06:00	10:00	12.00	2	2				3	3
2			2	:30	8/15/20	8/17/20	10:00	14:00	9.25	2	<input type="checkbox"/>				3	3
3																
4																
5																
6																
7																
8																
9																
10																

TOTALS

UNITS

REVENUE

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

	10	\$120.00
Spots & Programs	8	\$ 74.00
	<u>18</u>	<u>\$194.00</u>

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, CYRUS WESTERN, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

CYRUS WESTERN

Authorized committee:

FRIENDS OF CYRUS WESTERN

Agency requesting time (and contact information):

N/A

Candidate's political party:

REPUBLICAN

Office sought (no acronyms or abbreviations):

WYOMING STATE REPRESENTATIVE HOUSE DISTRICT 51

Date of election:

AUGUST 18, 2020

General

Primary

Treasurer of candidate's authorized committee:

ANNE RENDERAOST

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.

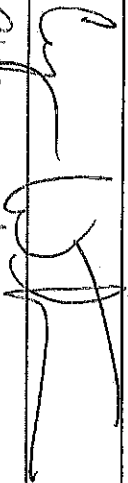
Candidate/Committee/Agency	Station Representative
Signature:	Signature:
Name: <u>CYRUS WESTERN</u>	Name: <u>TIM SCHELLINGER</u>
Date of Request to Purchase Ad Time: <u>8/13/20</u>	Date of Station Agreement to Sell Time: <u>8/14/20</u>

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:



Name:

CHRIS WESTERN

Date:

8/13/20

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

 Yes No

Date ad received:

8/13/20

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 #:	3180-008	Station Call Letters:	KRDE	Date Received/Requested:	8/13/20
Est. #:		Station Location:	SHERIDAN, WYOMING	Run Start and End Dates:	8/15/20 - 8/18/20

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



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

KROE-AM Order Confirmation

OrderID: 3180-008

Sponsor: Cyrus Western
 Product: Cyrus Western
 Estimate/PO: House District 51
 AccountRep: House/political
 BillingCycle: End-of-Schedule
 InvoiceType: Times/Rates Notarized Affidavit
 Run Dates: 8/15/2020 - 8/18/2020
 Items Ordered: 18
 Ordered Amount: \$194.00

CYRUS WESTERN
 185 WILDFLOWER CIRCLE
 SHERIDAN, WY 82801

Scheduled Station(s): KROE-AM Cyrus Western

Printed 8/14/2020 10:48:44 AM

Page 1

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 8/15/2020 - 8/18/2020	All Weeks	06:00 AM - 10:00 AM	2	2				3	3	10	:30	Spot		340	10	12.00	120.00
02 8/15/2020 - 8/17/2020	All Weeks	10:00 AM - 02:00 PM	2	0				3	3	8	:30	Spot		340	8	9.25	74.00

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