

New Client New Order
 Revision of Order Add Change

Order Number 2465-027

Sheridan Media

Broadcast Order

Customer Number _____

Customer Agency _____

Advertiser DENNIS FOX

KROE (1) KZWY (2) KWYO (3)

Address P.O. BOX 312

KYTI (4) KLQQ (5) OLDIES (6)

City RANCHESTER State WY Zip 82839

EDGE (7) FOX (8) SMART (9)

Contact DENNIS FOX Phone 307-655-3691 Fax _____

MAGIC (10) INTERNET GEO-DIGITAL

Local 7 POLITICAL Salesperson _____ E-mail dennis@votefox.net

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

National 98 Product Code _____

Billing: Standard Broadcast Calendar Month

Trade 1 Priority _____

Notary: Yes No

Other 6 Affidavit type _____

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 # START TIME	POSITION # END TIME	RATE RATE RATE	M	T	W	T	F	S	S
						START DATE	END DATE										
1	1	331	98	1	30	8/10/20	8/17/20	06:30	09:30	12.00	2	2	2	2	2		
	2					8/10/20	8/17/20	10:00	13:00	9.25	3	3	3	3	3		
	3					8/10/20	8/17/20	16:00	19:00	9.25	3	3	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)

Spots & Programs 12 \$ 144.00
 36 \$ 333.00
 48 \$ 477.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.
 I, DENNIS FOX, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

DENNIS FOX

Authorized committee:

FOX FOR FREEDOM

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:

JOHN COX

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.

<p>Candidate/Committee/Agency</p> <p>Signature: </p> <p>Name: <u>DENNIS FOX</u></p> <p>Date of Request to Purchase Ad Time: <u>8/6/20</u></p>	<p>Station Representative</p> <p>Signature: </p> <p>Name: <u>TIM SCHELLINGER</u></p> <p>Date of Station Agreement to Sell Time: <u>8/6/20</u></p>
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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:

DENNIS FOX

Date:

8/6/20

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

8/6/20

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:
2465-027	KRDE	8/6/20
Est. #:	Station Location:	Run Start and End Dates:
	SHERIDAN WYOMING	8/10/20 - 8/17/20

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



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

DENNIS FOX
 P.O. BOX 312
 RANCHESTER, WY 82839

KROE-AM Order Confirmation

OrderID: 2465-027

Sponsor: Dennis Fox
 Product: Dennis Fox
 Estimate/PO:
 AccountRep: House/political
 BillingCycle: End-of-Schedule
 InvoiceType: Detail Notarized Affidavit
 Run Dates: 8/10/2020 - 8/17/2020
 Items Ordered: 48
 Ordered Amount: \$477.00

Scheduled Station(s): KROE-AM Wyoming House Dist 51

Printed 8/7/2020 8:19:34 AM

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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	06:30 AM - 09:30 AM	2	2	2	2	2			10	:30	Spot		331	12	12.00	144.00
02 8/10/2020 - 8/17/2020	All Weeks	10:00 AM - 01:00 PM	3	3	3	3	3			15	:30	Spot		331	18	9.25	166.50
03 8/10/2020 - 8/17/2020	All Weeks	04:00 PM - 07:00 PM	3	3	3	3	3			15	:30	Spot		331	18	9.25	166.50

End-of-Schedule Projected Billing:

Jul-20	0.00	Aug-20	477.00	Sep-20	0.00	Q3-2020	477.00
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Guaranteed

Accepted for KROE-AM

Confirmed Correct; Payment