## Order #1255046: Peak Media/Delta Dental/HOUSE BILL/

Date	Action	Line	Comment	Ву То	otal \$	# Spots	Expected GRI
03/01/24 2:12:	39 PM Processed	100	<async process=""></async>	Amy Smith	\$230.00	24	0.00
03/01/24 2:01:	13 PM Approved			Craig Jolly	\$230.00	24	0.00
03/01/24 2:01:	10 PM Approval Workflow		[Centralized AR - Business Office Approval Needed Default]	Craig Jolly	\$230.00	24	0.00
03/01/24 1:59:	06 PM Approval Workflow		[Sales Manager - Ready Default] new order	Cindy Tho	\$230.00	24	0.00
03/01/24 1:35:	48 PM Ready for approval		Fixing Revenue Codes	Craig Jolly	\$230.00	24	0.00
03/01/24 1:26:	38 PM Ready for approval		fixed rev codes 2 and 3	Cindy Tho	\$230.00	24	0.00
03/01/24 1:13::	23 PM Ready for approval		NEW	Kristen Da	\$230.00	24	0.00
03/01/24 1:12:	10 PM New order created		Copied from Order #1255030	Kristen Da	\$1,500.00	30	0.00

[Sorted by: Date]

Orders	Order / Rev:	1255046		
	Alt Order #:			
	Product Desc:	HOUSE BILL		
	Estimate:			KKWD-FM
	Flight Dates:	03/04/24 - 03/17/24	Primary AE:	Kristen Davis
	Original Date / Rev:	03/01/24 / 03/01/24	Sales Office:	L-OKC
	Order Type:	GENERAL	Sales Region:	Local
Agency	Name:	Peak Media		
	Buying Contact:		Billing Type:	Cash
	Billing Contact:		Billing Calendar:	Broadcast
		6016 Northwest 154th Street	Billing Cycle:	EOM/EOC
		Edmond, OK 73013	Agency Commission:	15%
Advertiser	Name:	Delta Dental		
	Demographic:	A25-54	New Business End:	
	Product Codes:	Dentists	Advertiser External ID:	
	Revenue Code 1:	AGY-AVAIL	Agency External ID:	
	Revenue Code 2:	POL-ISS	Unit Code:	General
	Revenue Code 3:	GEN	Order Separation:	00:15:00
	Priority:	P-100		

Bill Plan		Totals

Start Date	End Date	# Spots	Gross Amount	Net Amount	Month	# Spots	Gross Amount	Net Amount	Rating
02/26/24	03/15/24	24	\$230.00	\$195.50	March 2024	24	\$230.00	\$195.50	0.00
					Totals	24	\$230.00	\$195.50	0.00

#### **Account Executives**

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Kristen Davis	L-OKC	Local	Start Of Order - End Of Order	100%

Ln Ch St	art End	Inventory Code	Break	Start/End	Time Days	Len S	pots	Rate Pri	Rtg Type	Spots	Amount
N 1 KKWD 03/9	04/24 03/17/24	M-F Prime M-F	СМ	6a-7p	MTWTF	:15	11	\$10.00P-60	0.00 NM	22	\$220.00
<u>Start Da</u> Week: 03/04/24 Week: 03/11/24	4 03/10/24	<u>Weekdays</u> MTWTF MTWTF	Spots/Week 11 11	<u>Rate</u> \$10.00 \$10.00	<u>Rating</u> 0.00 0.00						
N 2 KKWD 03/	04/24 03/17/24	M-F Prime M-F	СМ	6a-7p	MTWTF	:15	1	\$5.00P-60	0.00 NM	2	\$10.00
<u>Start Da</u> Week: 03/04/24 Week: 03/11/24	4 03/10/24	Weekdays MTWTF MTWTF	Spots/Week 1 1	<u>Rate</u> \$5.00 \$5.00	Rating 0.00 0.00	-					
									Γotals	24	\$230.00

# ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, Kasey Simonich	_, hereby request station time as fo	llows: See Order for proposed
schedule and charges. See Invo	ice for actual schedule and charges	4
Check one:		
(1) a legally qualified candidate issue of public importance (e.g., subject of controversy or discu	relating to any political matter of national e for federal office; (2) an election to federa health care legislation, IRS tax code, etc.); of ssion at the national level. message relating to any political matter of	al office; (3) a national legislative or (4) a political issue that is the
ALL QUE	STIONS/BLOCKS MUST BE COM	MPLETED
Station time requested by: Kasey Simon	ich	
Agency name: Peak Media, LLC		
Address: 6016 NW 154th Street, Edmond,	OK 73013	
Contact: Kasey Simonich	Phone number: 405-923-1000	Email: kasey@peak-media.net
Name of advertiser/sponsor (list entity's committees) with no acronyms; name m	full legal name as disclosed to the Fede ust match the sponsorship ID in ad):	ral Election Commission (for federal
Name: Delta Dental of Oklahoma		
Address: 16 NW 63rd Street, Oldahoma Cit	y OK 73013	
Contact: Amanda Bray	Phone number: 405-607-2178	Email: amanda@deltadentalok.org
Station is authorized to announce the ti	me as paid for by such person or entity.	
	ers of the executive committee and the bonsor (Use separate page if necessary.):	oard of directors or other .
By signing below, advertiser/sponsor representative committee and board of directors	esents that those listed above are the only ors or other governing group(s).	executive officers, members of the
If ad refers to a federal candidate(s) or f	ederal election, list ALL of the following:	N/A
Name(s) of every candidate referred to:		
Office(s) sought by such candidate(s) (ne	o acronyms or abbreviations):	
Date of election:		
Clearly identify EVERY political matter of ad (no acronyms); use separate page if the second	of national importance referred to in the necessary:	N/A

### THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING. The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement. Advertiser/Sponsor Station Representative Signature:/ Signature: ichole Shadid Name: Kasey Simonich Date of Station Agreement to Sell Time: 3/1/24 Date of Request to Purchase Ad Time: Feb 2024 TO BE COMPLETED BY STATION ONLY Date ad received: 3/1/24 Ad submitted to station? No Yes Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy). If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided. Disposition: Accepted Accepted IN PART (e.g., ad not received to determine content)\* Rejected - provide reason: \*Upload partially accepted form, then promptly upload updated final form when complete. Date and nature of follow-ups, if any: Contract #: Station Call Letters: Date Received/Requested: 17550410 KKWD-FM 311124 Est. #: Station Location: Run Start and End Dates: J NG 314124-3/17/24 For national issue ads only (not required for state/local issue ads): Upload order, this disclosure form and invoice (or traffic system print-out) or other material reflecting this transaction

Upload order, this disclosure form and invoice (or traffic system print-out) or other material 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 (including date, time, class of time and reasons for any make-goods or rebates) 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.