

TIME ORDER

Co-Op:

Advertiser: Alyse for Alaska Phone: 216-535-3967 Fax: _____

Address: invoices@mediafinancial.com City: Philadelphia State: PA Zip Code _____

Media Financial Services

K-WAVE FM 105

Est.# _____ Order # **3178213**

Start: 10/13/20 Stop: 10/19/20

MON	TUE	WED	THU	FRI	SAT	SUN
See	Sched	ule	For	Exact	Place	ment

of spots 30 :30 :60 : Specified

Rate: \$23.00 Total: \$690.00

AAA	See	Sched	ule	For	Exact	Place	ment
DAP							
TAP							

KPEN FM 102

Est.# _____ Order # **3178213**

Start: 10/13/20 Stop: 10/19/20

MON	TUE	WED	THU	FRI	SAT	SUN
See	Sched	ule	For	Exact	Place	ment

of spots 24 :30 :60 : Specified

Rate: \$22.00 Total: \$528.00

AAA	See	Sched	ule	For	Exact	Place	ment
DAP							
TAP							

K-BAY FM 93.3

Est.# _____ Order # **3178213**

Start: 10/13/20 Stop: 10/19/20

MON	TUE	WED	THU	FRI	SAT	SUN
See	Sched	ule	For	Exact	Place	ment

of spots 24 :30 :60 : Specified

Rate: \$22.00 Total: \$528.00

AAA	See	Sched	ule	For	Exact	Place	ment
DAP							
TAP							

KGTL AM 620 & FM 100

Est.# _____ Order # **3178213**

Start: 10/13/20 Stop: 10/19/20

MON	TUE	WED	THU	FRI	SAT	SUN
See	Sched	ule	For	Exact	Place	ment

of spots 24 :30 :60 : Specified

Rate: \$20.00 Total: \$480.00

AAA	See	Sched	ule	For	Exact	Place	ment
DAP							
TAP							

K-WAVE \$690.00

KPEN \$528.00

K-BAY \$528.00

KGTL \$480.00

Sub-total \$2,226.00

Discount < _____ >

Less Agency < \$667.80 >

Tax \$46.75

Total \$1,604.95

Contract # for invoicing: 4390516

Approved by: Linley Grande

Email: Fax: Date / Time: 10/12/2020 10:28

Sales Person: Michael Becker

TIME ORDER

Co-Op:

Advertiser: Alyse for Alaska Phone: 216-535-3967 Fax: _____

Address: invoices@mediafinancial.com City: Philadelphia State: PA Zip Code _____

Media Financial Services

K-WAVE FM 105

Est.# _____

Start: _____ Stop: _____

of spots _____ :30 :60 :

Rate: _____ Total: _____

MON	TUE	WED	THU	FRI	SAT	SUN

<input type="checkbox"/>	AAA
<input type="checkbox"/>	DAP
<input type="checkbox"/>	TAP

KPEN FM 102

Est.# _____

Order # **3178213**

Start: 10/17/20 Stop: 10/18/20

of spots 6 :30 :60 :

Rate: \$15.00 Total: \$90.00

MON	TUE	WED	THU	FRI	SAT	SUN
					3	3

<input type="checkbox"/>	AAA
<input checked="" type="checkbox"/>	DAP
<input type="checkbox"/>	TAP

K-BAY FM 93.3

Est.# _____

Order # **3178213**

Start: 10/17/20 Stop: 10/18/20

of spots 6 :30 :60 :

Rate: \$15.00 Total: \$90.00

MON	TUE	WED	THU	FRI	SAT	SUN
					3	3

<input type="checkbox"/>	AAA
<input checked="" type="checkbox"/>	DAP
<input type="checkbox"/>	TAP

KGTL AM 620 & FM 100

Est.# _____

Order # **3178213**

Start: 10/17/20 Stop: 10/18/20

of spots 6 :30 :60 :

Rate: \$14.00 Total: \$84.00

MON	TUE	WED	THU	FRI	SAT	SUN
					3	3

<input type="checkbox"/>	AAA
<input checked="" type="checkbox"/>	DAP
<input type="checkbox"/>	TAP

K-WAVE \$0.00

KPEN \$90.00

K-BAY \$90.00

KGTL \$84.00

Sub-total \$264.00

Discount < _____ >

Less Agency < \$79.20 >

Tax \$5.54

Total \$190.34

Weekend Schedule
Contract # for invoicing: 4390516

Approved by: Linley Grande

Email: Fax: Date / Time: 10/12/2020 10:32

Sales Person: Michael Becker

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Buying Time LLC, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE	<input checked="" type="checkbox"/> FEDERAL CANDIDATE
	<input type="checkbox"/> STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:
Alyse Galvin

Authorized committee:
Alyse for Alaska

Agency requesting time (and contact information):
 N/A 650 Massachusetts Ave. NW Ste. 210 Washington, DC 20001

Candidate's political party:
Democratic

Office sought (no acronyms or abbreviations):
Alaska US Congress ATL seat

Date of election: **November 3rd, 2020** **General** **Primary**

Treasurer of candidate's authorized committee:
Jay Petterson

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 (not applicable to federal candidates).

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: Name: Karen Diehl Date of Request to Purchase Ad Time:	Signature: Name: Michael Becker Date of Station Agreement to Sell Time:

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: **Malcolm Phelan**

Date: **7/22/20**

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station? Yes No Date ad received: _____

Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).

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: _____

*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: KWVV KPEN KXBA KGTU	Date Received/Requested:
Est. #:	Station Location: Kenai Peninsula	Run Start and End Dates:

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.