ORDER



Orders Order / Rev: 31942F Alt Order #: Product Desc: Political Tax Levy KWOL-FM Estimate: Flight Dates: 02/22/24 - 03/19/24 Primary AE: House Local Original Date / Rev: 02/15/24 / 02/15/24 Sales Office: L-KAL Order Type: **GENERAL** Sales Region: Local Agency City of Kalispell Name: **Buying Contact:** Billing Type: Cash Billing Contact: Billing Calendar: Calendar P.O. Box 1997 EOM/EOC Billing Cycle: 0% Kalispell, MT 59903 Agency Commission: Advertiser Name: City of Kalispell Demographic: HHNew Business Thru: **Product Codes:** Issues/Propositions Advertiser External ID: Revenue Code 1: DIR Agency External ID: Revenue Code 2: POL Unit Code: General Revenue Code 3: POL-Issue Order Separation: 00:25:00

Bill Plan

Contract of Assessment				
Start Date	End Date	# Spots	Gross Amount	Net Amount
02/01/24	02/29/24	31	\$409.00	\$409.00
03/01/24	03/19/24	76	\$1,003.20	\$1,003.20

P-04

Totals

Month	# Spots	Gross Amount	Net Amount	Rating
February 2024	31	\$409.00	\$409.00	0.00
March 2024	76	\$1,003.20	\$1,003.20	0.00
Totals	107	\$1,412.20	\$1,412.20	0.00

Totals

107

\$1,412.20

Account Executives

Priority:

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
House Local			Start Of Order - End Of Order	100%

	Ln	Ch	Start	End	Inventory Cod	e Brea	k Start/End	Time	Days	Len S	oots	Rate Pri	Rtg Type	Spots	Amount
Ī	N 1	KWOL	02/22/24	03/19/24	M-Su Broad Rot	tator CM	5a-12a	4	1444444	1:00	28	\$13.20P-06	0.00 NM	106	\$1,399.20
					Rotator										
		<u>Star</u>	t Date	End Date	<u>Weekdays</u>	Spots/Wee	k Rate	Ratin	g						
	We	eek: 02/	19/24	02/25/24	4433	1	4 \$13.20	0.0	00						
	We	eek: 02/2	26/24	03/03/24	444444	2	8 \$13.20	0.0	00						
	We	eek: 03/0	04/24	03/10/24	444444	2	8 \$13.20	0.0	00						
	We	eek: 03/	11/24	03/17/24	444444	2	8 \$13.20	0.0	00						
	We	eek: 03/	18/24	03/24/24	44		8 \$13.20	0.0	00						
Ī	V 2	KWOL	02/24/24	02/24/24	M-Su Broad Rot	tator CM	5a-12a	-	1-	1:00	1	\$13.00P-06	0.00 NM	1	\$13.00
					Rotator										
		<u>Star</u>	t Date	End Date	<u>Weekdays</u>	Spots/Wee	k Rate	Ratin	g						
_	We	eek: 02/	19/24	02/25/24	1-		1 \$13.00	0.0	00						

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, City of Kalispell	City of Kalispell , hereby request station time as follows: See Order for proposed						
schedule and charges. See Invoice for actual schedule and charges.							
Check one:	Check one:						
Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level. Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).							
ALL QUE	STIONS/BLOCKS MUST BE CO	MPLETED					
Station time requested by: Aimee Brunc	khorst						
Agency name: City of Kalispell							
Address: PO Box 1997, Kalispell, MT 5990							
Contact: Aimee Brunckhorst	Phone number: 406-758-7756	Email: cityclerk@kalispell.com					
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):	eral Election Commission [for federal					
Name:							
Address:							
Contact:	Phone number:	Email:					
Station is authorized to announce the ti	Station is authorized to announce the time as paid for by such person or entity.						
List ALL chief executive officers, members of the executive committee and the board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.): Registered as incidental local government committee with the Montana Commissioner of Political Practices. Treasurer is City Manager, Dong Russell, City of Kalispell, address above. By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s).							
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) (no acronyms or abbreviations):							
Date of election:							
Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary:							

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.

	Opposite and the Control of the Cont				
Advertiser/Sponsor		Station Representative			
Signature:	//	Signature: Wall Change			
Name: Dong Kusse		Name: Judi Lessard			
Date of Request to Purchase Ad Time:	2-14-24	Date of Station Agreement to Sell Time: 2-15,24			
ТО	BE COMPLETED	BY STATION ONLY			
Ad submitted to station? Yes	No	Date ad received: 2/14/24@ 5:10 pm			
Note: Must have separate PB-19 form	ns for each version o	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/spons 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: Bee Byooc	Date Received/Requested:			
Est. #:	Station Location: Kalispell 1	Run Start and End Dates:			
For national issue ads only (not requir	拉拉斯 医多种 医多种 医多种	sue ads):			
Unload order this disclosure form and i	nyoice (or traffic sys	tem 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.