

New Client New Order
 Revision of Order Add Change

Order Number 3478-001

Sheridan Media Broadcast Order

Customer Number _____

Customer Agency _____

Advertiser LONNIE WRIGHT

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

Address P.O. BOX 607

City BIG HORN State WY Zip 82833

Contact LONNIE WRIGHT Phone 307-751-4864 Fax _____

Local 7 POLITICAL Salesperson _____ E-mail ljwright@wyoming.com
 National 96 Product Code _____

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

Trade 1 Priority _____

Billing: Standard Broadcast Calendar Month

Other 6 Affidavit type _____

Notary: Yes No

Co-op Billing? Yes No If yes, co-op description: SHERIDAN COUNTY COMMISSIONER

Special Instructions: _____

BILL SPON SPOT		CART CART	TC PC PC	PRI	LEN LEN	START DATE START DATE START DATE	END DATE END DATE END DATE	PROGRAM# START TIME	POSITION# END TIME	RATE RATE RATE	M	T	W	T	F	S	S
1	1	329	96	1	:30	8/10/20	8/17/20	06:30	09:30	12.00	2	2	2	2	2		
	2			2	:30	8/10/20	8/17/20	10:00	13:00	9.25	1	1	1	1	1		
	3			2	:30	8/10/20	8/17/20	13:00	16:00	9.25	1	1	1	1	1		
	4																
	5																
	6																
	7																
	8																
	9																
	10																

TOTALS	UNITS	REVENUE
	12	\$ 144.00
	12	\$ 111.00
Spots & Programs	24	\$ 255.00

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



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

KROE-AM Order Confirmation

OrderID: 3478-001

Sponsor: Lonnie Wright
 Product: Lonnie Wright
 Estimate/PO:
 AccountRep: House/political
 BillingCycle: End-of-Schedule
 InvoiceType: Times/Rates
 Run Dates: 8/10/2020 - 8/17/2020
 Items Ordered: 24
 Ordered Amount: \$255.00

LONNIE WRIGHT
 P.O. BOX 607
 BIG HORN, WY 82833

Scheduled Station(s): KROE-AM Sheridan County Commissioner

Printed 8/7/2020 8:25:17 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		329	12	12.00	144.00
02 8/10/2020 - 8/17/2020	All Weeks	10:00 AM - 01:00 PM	1	1	1	1	1			5	:30	Spot		329	6	9.25	55.50
03 8/10/2020 - 8/17/2020	All Weeks	01:00 PM - 04:00 PM	1	1	1	1	1			5	:30	Spot		329	6	9.25	55.50

End-of-Schedule Projected Billing:

Jul-20	0.00	Aug-20	255.00	Sep-20	0.00	Q3-2020	255.00
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Guaranteed

Accepted for KROE-AM

Confirmed Correct; Payment

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, LONNIE T. WRIGHT, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:	<u>LONNIE T. WRIGHT</u>		
Authorized committee:	<u>NA</u>		
Agency requesting time (and contact information):	<input checked="" type="checkbox"/> N/A		
Candidate's political party:	<u>REPUBLICAN</u>		
Office sought (no acronyms or abbreviations):	<u>SHERIDAN COUNTY COMMISSIONER</u>		
Date of election:	<u>AUGUST 18, 2020</u>	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Primary
Treasurer of candidate's authorized committee:	<u>NA</u>		
The undersigned represents that:	<p>(1) the payment for the broadcast time requested has been furnished by (check one box below):</p> <p><input checked="" type="checkbox"/> the candidate listed above who is a legally qualified candidate, or</p> <p><input type="checkbox"/> the authorized committee of the legally qualified candidate listed above;</p> <p>(2) this station is authorized to announce the time as paid for by such person or entity; and</p> <p>(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.</p>		
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:		
<u>[Signature]</u>	<u>[Signature]</u>		
Name: <u>LONNIE T. WRIGHT</u>	Name: <u>TIM SCHELLINGER</u>		
Date of Request to Purchase Ad Time: <u>8/7/20</u>	Date of Station Agreement to Sell Time: <u>8/7/20</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:

Donnie J Wright

Name:

DONNIE J. WRIGHT

Date:

8/7/20

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

8/7/20

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 #:	<i>3478-001</i>	Station Call Letters:	<i>KRDE</i>	Date Received/Requested:	<i>8/7/20</i>
Est. #:		Station Location:	<i>SHERIDAN, WYOMING</i>	Run Start and End Dates:	<i>8/10/20 - 8/17/20</i>

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.