

New Client New Order
 Revision of Order Add Change

Order Number 3511-001

Sheridan Media Broadcast Order

Customer Number _____

Customer Agency _____

Advertiser THOMAS KELLY

Address 412 AIRPORT RD.

City SHERIDAN State WY Zip 82801

Contact TOM KELLY Phone 847-571-8378 Fax _____

Local 7 POLITICAL Salesperson _____ E-mail hwg1998red@yahoo.com

National 96 Product Code _____

Trade 1 Priority _____

Other 6 Affidavit type _____

Co-op Billing? Yes

No If yes, co-op description: SHERIDAN CITY COUNCIL

Special Instructions: _____

- KROE (1) KWYO (3) KLQQ (5)
- KZWY (2) KYTI (4) OLDIES (6)
- EDGE (7) ESPN (8) MAGIC (10)
- INTERNET

Billing Type: Monthly
 Weekly Other

End-of-Schedule (E.O.S.)

Billing: Standard Broadcast
 Notary: Yes No

Calendar Month

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	324	96	1	130	10/23/20	10/30/20	06:00	10:00	12.00	3	2	3	2	3		
2					11/2/20	11/2/20	06:00	10:00	12.00	2						
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 18 \$216.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

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

I, Thomas Kelly, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE

FEDERAL CANDIDATE
 STATE OR LOCAL CANDIDATE

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:
Thomas Kelly

Authorized committee:
N/A

Agency requesting time (and contact information):
 N/A

Candidate's political party:
Republican

Office sought (no acronyms or abbreviations):
Sheridan City Council

Date of election: 11/3/20 General Primary

Treasurer of candidate's authorized committee:
N/A

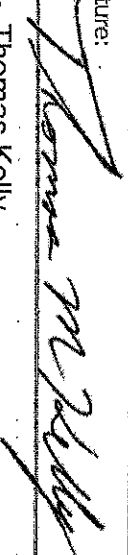
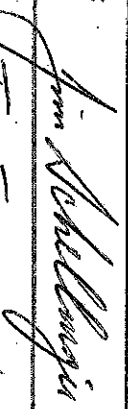
The undersigned represents that

(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.

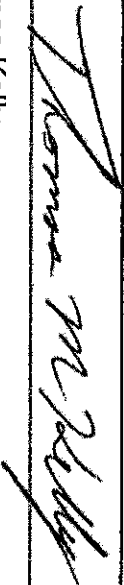
Candidate/Committee/Agency	Station Representative
Signature: 	Signature: 
Name: <u>Thomas Kelly</u>	Name: <u>TIM SCHELLINGER</u>
Date of Request to Purchase Ad Time: <u>10/20/2020</u>	Date of Station Agreement to Sell Time: <u>10/20/20</u>

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:



Name: Thomas Kelly

Date: 10/20/2020

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

10/19/20

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:
3511-001	KROE	10/20/20
Est. #:	Station Location:	Run Start and End Dates:
	SHERIDAN, WYOMING	10/23/20 - 11/2/20

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.



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

THOMAS KELLY
 412 AIRPORT RD
 SHERIDAN, WY 82801

KROE-AM Order Confirmation

OrderID: 3511-001

Sponsor: Thomas Kelly
 Product: Thomas Kelly
 Estimate/PO:
 AccountRep: House/political
 BillingCycle: End-of-Schedule
 InvoiceType: Times/Rates
 Run Dates: 10/23/2020 - 11/2/2020
 Items Ordered: 18
 Ordered Amount: \$216.00

Scheduled Station(s): KROE-AM Sheridan City Council

Printed 10/21/2020 1:13:25 PM

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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 10/23/2020 - 10/30/2020	All Weeks	06:00 AM - 10:00 AM	3	2	3	2	3			13	:30	Spot		324	16	12.00	192.00
02 11/2/2020 - 11/2/2020	All Weeks	06:00 AM - 10:00 AM	2							2	:30	Spot		324	2	12.00	24.00

End-of-Schedule Projected Billing:

Oct-20	0.00	Nov-20	216.00	Dec-20	0.00	Q4-2020	216.00
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Guaranteed

Accepted for KROE-AM

Confirmed Correct; Payment