

New Client New Order
 Revision of Order Add Change

Order Number 2888-004

Sheridan Media Broadcast Order

Customer Number _____

Customer Agency _____

Advertiser CRAIG ACHORD

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

Address 96 CAVALRY RIDGE RD.

City SHERIDAN State WY Zip 82801

Contact CRAIG ACHORD Phone 307-672-5332 Fax _____

- Local 7 POLITICAL Salesperson _____ E-mail _____
 National 96 Product Code _____
 Trade 1 Priority _____
 Other 6 Affidavit type _____

- Billing Type: Monthly End-of-Schedule EOS.
 Weekly Other
Billing: Standard Broadcast Calendar Month
Notary: Yes No

Co-op Billing? Yes No If yes, co-op description: DISTRICT 2 SCHOOL BOARD
 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	330	96	1	:30	10/20/20	11/2/20	06:30	10:00	12.00	2	2	2	2	2		
	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 20 \$240.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.
 I, CRAIG ACHORD, hereby request station time as follows:

<input type="checkbox"/> IDENTIFY CANDIDATE TYPE	<input type="checkbox"/> FEDERAL CANDIDATE <input checked="" type="checkbox"/> STATE OR LOCAL CANDIDATE
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ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name: Craig Achord

Authorized committee: N/A

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

Candidate's political party:
N/A

Office sought (no acronyms or abbreviations):
Trustee Sheridan County School District # 2

Date of election: 11-3-2020 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 Signature: <u>Craig Achord</u> Name: <u>Craig Achord</u>	Station Representative Signature: <u>Jim Schellinger</u> Name: <u>JIM SCHELLINGER</u>
Date of Request to Purchase Ad Time: <u>10-20-2020</u>	Date of Station Agreement to Sell Time: <u>10/15/20</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:

Craig Ackard

Name:

Craig Ackard

Date:

10-14-2020

TO BE COMPLETED BY STATION ONLY

Ad submitted to Station?

Yes

No

Date ad received:

10/15/20

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>2888-064</i>	Station Call Letters:	<i>KROE</i>	Date Received/Requested:	<i>10/15/20</i>
Est. #:		Station Location:	<i>SHERIDAN, WYOMING</i>	Run Start and End Dates:	<i>10/20/20 – 11/2/20</i>

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

KROE-AM Order Confirmation

OrderID: 2888-004

Sponsor: Craig Achord
 Product: Craig Achord
 Estimate/PO:
 AccountRep: House/political
 BillingCycle: End-of-Schedule
 InvoiceType: Times/Rates
 Run Dates: 10/20/2020 - 11/2/2020
 Items Ordered: 20
 Ordered Amount: \$240.00

CRAIG ACHORD
 96 CAVALRY RIDGE RD
 SHERIDAN, WY 82801

Scheduled Station(s): KROE-AM District 2 School Board

Printed 10/16/2020 8:55:13 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 10/20/2020 - 11/2/2020	All Weeks	06:30 AM - 10:00 AM	2	2	2	2	2			10	:30	Spot		330	20	12.00	240.00

End-of-Schedule Projected Billing:

Oct-20	0.00	Nov-20	240.00	Dec-20	0.00	Q4-2020	240.00
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Guaranteed _____ Accepted for KROE-AM _____ Confirmed Correct; Payment