

REP HEADLINE# 7367870 TRF# 615208 REP: TEL# 703 528 7800 FAX# 703 528 7880  
 \$\$\$ APPROVED REV #1 \$\$\$ ORDER WORKSHEET HARRIS REPORT FROM STATION SEP15/14 13.59  
 \*\*\* WXMI-TV \*\*\*

ADV # \_\_\_\_\_ ADV. NAME ISS/B-PAC REP.# \_\_\_\_\_ OFF.# \_\_\_\_\_ SALESMAN # \_\_\_\_\_  
 AGY # \_\_\_\_\_ AGY. NAME GREENER & HOOK BUYER NAME MICHELLE SANTUOSO

1875 EYE STREET, N.W., SUITE 540 SALES PRSN WA- JUSTIN VOTTA  
 WASHINGTON, DC 20006

ORDER # \_\_\_\_\_ CONTRACT # 7367870 CLASS: NATL. LOCAL REGIONAL

PRDCT B-PAC EST# \_\_\_\_\_ COMMENTS: (LINE, ORDER, INVOICE)

FLIGHT DATES SEP15/14 SEP15/14 WK-1

CITY TAX \_\_\_\_\_ STATE TAX \_\_\_\_\_ CO-OP BILLING NEEDED \_\_\_\_\_ DATE SEP15/14 13.59

REP: TO ODENE  
 FROM OLDER  
 NEW ORDER  
 \$1450/2 SPOTS  
 PLEASE CONFIRM AND THANK YOU

CON CM \*\*\*\*\* THIS IS A CASH IN ADVANCE SCHEDULE \*\*\*\*\*

NOTICE: CHANGES OF THIS ORDER HAVE BEEN APPROVED. CONTRACT SCHEDULED FOR GENERATION

CONTRACT TOTAL \$1,450.00  
 TOTAL SPOTS 2

REP HEADLINE# 7367870  
 \*\*\* ORIGINAL REV#0 \*\*\*

REP: TEL# 703 528 7800 FAX# 703 528 7880  
 CREDIT ADVISORY: AGENCY CREDIT RISK !!  
 ORDER WORKSHEET HARRIS REPORT FROM REP

SEP12/14 17.14  
 \*\*\* WXMI-TV \*\*\*

ADV # \_\_\_\_\_ ADV. NAME ISS/B-PAC REP.# \_\_\_\_\_ OFF.# \_\_\_\_\_ SALESMAN # \_\_\_\_\_  
 AGY # \_\_\_\_\_ AGY. NAME CROSSROADS MEDIA LLC BUYER NAME MICHELLE SANTUOSO

66 CANAL CENTER PLAZA, SUITE 555 SALES PRSN WA- JUSTIN VOTTA  
 ALEXANDRIA, VA 22314

ORDER # 615209 CONTRACT # 7367870 CLASS: NATL. LOCAL REGIONAL  
 PRDCT B-PAC EST# \_\_\_\_\_ COMMENTS: (LINE, ORDER, INVOICE)

FLIGHT DATES SEP15/14 SEP15/14 WK-1  
 CITY TAX \_\_\_\_\_ STATE TAX \_\_\_\_\_ CO-OP BILLING NEEDED \_\_\_\_\_ DATE SEP12/14 17.14

REP: TO ODENE  
 FROM OLDER  
 NEW ORDER  
 \$1450/2 SPOTS  
 PLEASE CONFIRM AND THANK YOU

CON CM \*\*\*\*\* THIS IS A CASH IN ADVANCE SCHEDULE \*\*\*\*\*

LINE#	REP	CD	TIME PERIOD	LGTH	SEC	RATE	START DATE	END DATE	SPTS/WK	WEEK INVT	DAYS	TOTL SPTS
1			600P-700P	30		\$250.00	9/15	9/15	1		MON	1
PROGRAM : NEWS												
CON COM1 : NEWS												
2			1000P-1100P	30		\$1,200.00	9/15	9/15	1		MON	1
PROGRAM : NEWS												
CON COM1 : NEWS												
SEP/14 \$1,450.00												CONTRACT TOTAL \$1,450.00
MARKET TOTALS \$9,666												TOTAL SPOTS 2
SVC- NSI												
DEMOS- RA35+*												

REP HEADLINE# 7367870 REP: TEL# 703 528 7800 FAX# 703 528 7880  
 \*\*\* UNAPPROVED REV #1 \*\*\* ORDER WORKSHEET HARRIS REPORT FROM REP SEP15/14 11.13  
 \*\*CHANGES\*\* \*\*\* WXMI-TV \*\*\*

ADV # \_\_\_\_\_ ADV. NAME ISS/B-PAC REP. # \_\_\_\_\_ OFF. # \_\_\_\_\_ SALESMAN # \_\_\_\_\_

AGY # \_\_\_\_\_ AGY. NAME GREENER & HOOK BUYER NAME MICHELLE SANTUOSO

1875 EYE STREET, N.W., SUITE 540 SALES PRSN WA- JUSTIN VOTTA

WASHINGTON, DC 20006

ORDER # \_\_\_\_\_ CONTRACT # 7367870 CLASS: NATL. LOCAL REGIONAL

PRDCT B-PAC EST# \_\_\_\_\_ COMMENTS: (LINE, ORDER, INVOICE)

FLIGHT DATES SEP15/14 SEP15/14 WK-1

CITY TAX \_\_\_\_\_ STATE TAX \_\_\_\_\_ CO-OP BILLING NEEDED \_\_\_\_\_ DATE SEP15/14 11.13

REP: TO ODENE  
 FROM OLDER  
 NEW ORDER  
 \$1450/2 SPOTS  
 PLEASE CONFIRM AND THANK YOU

CON CM \*\*\*\*\* THIS IS A CASH IN ADVANCE SCHEDULE \*\*\*\*\*

LINE#	REP	CD	TIME PERIOD	LGTH	SEC	RATE	START DATE	END DATE	SPTS /WK	WEEK INVT	DAYS	TOTL SPTS
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NO BUYS TO PRINT  
 SEP/14 \$1,450.00  
 CONTRACT TOTAL \$1,450.00  
 TOTAL SPOTS 2

MARKET TOTALS \$9,666  
 WXMI 15% WOTV 0% WZZM 15% WMMT 40% WOOD 30% WXSP 0% CABL 0%  
 EWMT 0% WZPX 0%

SVC- NSI  
 DEMOS- RA35+\*

MOD CODE A-ADD B-BUY TYPE C-CANCELLED DE-DELETE E-EFF DATES L-LENGTH M-MAKEGOOD N-PROGRAM NAME  
 P-CLASS, PLAN, SECT Q-PAID PGM R-RATE S-SPOTS PER WEEK T-TIME X-LATE Y-DAYS Z-COMMENTS \*-MULTIPLE

# CONTRACT



**WXMI-TV**  
 3117 Plaza Drive NE  
 Grand Rapids, MI 49525  
 (616) 364-8722

<u>Contract / Revision</u>	<u>Alt Order #</u>
615208 /	07367870

<u>Product</u>
B-PAC.

<u>Contract Dates</u>	<u>Estimate #</u>
09/15/14 - 09/15/14	

<u>Advertiser</u>	<u>Original Date / Revision</u>
B-Pac	09/15/14 / 09/15/14

<u>Billing Cycle</u>	<u>Billing Calendar</u>	<u>Cash/Trade</u>
EOM/EOC	Broadcast	Cash

<u>Station</u>	<u>Account Executive</u>	<u>Sales Office</u>
WXMI	Justin Votta	Telerep Washin

<u>Special Handling</u>

<u>Demographic</u>
Adults 35+

<u>IDB#</u>	<u>Advertiser Code</u>	<u>Product Code</u>

<u>Agency Ref</u>	<u>Advertiser Ref</u>

And:

**Crossroads Media**  
 66 Canal Center Plaza  
 Suite 555  
 Alexandria, VA 22314

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/Week	Rate	Rtn	Type	Spots	Amount
1	17	09/15/14	09/15/14	Mon Fox 17 News at 6p	6p-7p		:30				NM	1	\$250.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>	<u>Rating</u>			
Week:		09/15/14	09/21/14	1-----				1	\$250.00	0.00			
2	17	09/15/14	09/15/14	Mon Fox 17 News at 10p	10p-11p		:30				NM	1	\$1,200.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>	<u>Rating</u>			
Week:		09/15/14	09/21/14	1-----				1	\$1,200.00	0.00			
<b>Totals</b>											0.00	2	\$1,450.00

Time Period	# of Spots	Gross Amount	Net Amount
09/01/14 - 09/15/14	2	\$1,450.00	\$1,232.50
<b>Totals</b>	2	\$1,450.00	\$1,232.50

Signature:  Date: 9/25/14

(\* Line Transactions: N = New, E = Edited, D = Deleted)

Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Four week advance cancellation notice is required unless otherwise specified. It is the station's policy not to discriminate on the basis of race or ethnicity in its advertising sales contracts.

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b>	<b>Date:</b>
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I, **Crossroads Media LLC**

do hereby request station time concerning the following issue:

<b>B-PAC</b> 601 Pennsylvania Ave NW N Bldg Ste 1000 Washington, DC 20004
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Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

This broadcast time will be used by: \_\_\_\_\_

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT  
"COMMUNICATES A POLITICAL MATTER OF NATIONAL IMPORTANCE."  
FOR ALL OTHER ISSUE ADS, PLEASE GO TO PAGE 3.**

Programming that "communicates a political matter of national importance" includes (1) references to legally qualified candidates (presidential, vice presidential or congressional); (2) any election to Federal office (e.g., any references to "our next senator", "our person in Washington" or "the President"); and (3) a national legislative issue of public importance (e.g., Affordable Care Act, revising the IRS tax code, federal gun control or any federal legislation).

**Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"**  
 Yes  No

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the offices being sought, the date(s) of the election(s) and/or the issue to which the communication refers (if applicable):

I represent that the payment for the above described broadcast time has been furnished by (name and address):

B-PAC  
601 Pennsylvania Ave NW N Bldg Ste 1000  
Washington, DC 20004

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

Treasurer: Elizabeth Beacham

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 5)

**TO BE COMPLETED FOR ALL ISSUE ADVERTISEMENTS**

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

The Sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), the sponsor also agrees to prepare a script, transcript, or tape, which will be delivered to the station at least \_\_\_\_\_ before the time of the scheduled broadcasts.

**TO BE SIGNED BY ISSUE ADVERTISER (SPONSOR)**

9/15/12 Date  
[Signature] Signature  
703-2991750 Contact Phone Number

**TO BE SIGNED BY STATION REPRESENTATIVE**

Accepted       Accepted in Part       Rejected  
[Signature] Signature      [Printed Name] Printed Name      [Title] Title

\*\*\*Any handwritten information included on this form was not provided by the agency and was included without their knowledge or consent. \*\*\*

RECORD OF REQUEST FOR BROADCAST TIME BY OR ON BEHALF OF  
CANDIDATE FOR PUBLIC OFFICE

INSTRUCTIONS: This form must be completed as to all requests, both oral and written, for broadcast time to be used by or on behalf of a candidate for public office, as required by FCC rule. The FCC rule states: "Every licensee shall keep and permit public inspection of a complete record of all requests for broadcast time made by or on behalf of candidates for public office, together with an appropriate notation showing the disposition made by the licensee of such requests, and charges made, if any, if request is granted. Such records shall be retained for a period of two years."

(1) **Date of request:** 09/15/2014

(2) **Name of candidate:** N/A

(3) **Office for which candidate is running:** N/A

(4) **Political party:** N/A

(5) **Name of person using time if other than candidate:** B-Pac

(6) **Request made by candidate:** Yes: No: X (Check one)

(7) **Request made on behalf of candidate by:** N/A

(8) **Request made:** In writing: X In person: By phone:  
(Check one. If in writing, attach and retain.)

(9) **Disposition of request:** Granted: X Not granted:  
(Check one. If not granted, state reason or reasons in space below. If denied in writing, attach and retain.)

(10) **Were any payments received?** Yes: X No:  
(Check one. If "yes", state amount in space below):

GROSS: \$1,450.00 NET: \$1,232.50

WXMI  
STATION

09/24/2014  
DATE

  
Stephanie Gonda General Sales Mgr  
SIGNATURE OF PERSON RECEIVING  
REQUEST ON BEHALF OF STATION