Gross Amount

\$6,700.00

\$6,700.00

Net Amount

\$5,695.00

\$5,695.00

Rating

0.00

0.00

Spots

6

ORDER

Orders Order / Rev: 4464004 28400070 Alt Order #: AB PAC Product Desc: Estimate: 6768 Flight Dates: 05/13/24 - 05/26/24 Primary AE: Millennium Chicago Original Date / Rev: 05/13/24 / 05/13/24 Sales Office: M-CHI Order Type: **REG** Sales Region: Nat **Amplify Media** Agency Name: **Buying Contact:** Billing Type: Cash Billing Contact: Billing Calendar: Broadcast Scott Kennedy 222 West Ontario Billing Cycle: **EOM** Chicago, IL 60654 Agency Commission: 15% Order Brand: POL/AB PAC Advertiser Name: Demographic: НН New Business End: Product Codes: PL6 Advertiser External ID: Revenue Code 1: **AGY** Agency External ID: Revenue Code 2: POL Unit Code: General Revenue Code 3: POL-ISS Order Separation: 00:15:00 P5 Priority:

> **Totals** Month

May 2024

04/29/24	05/26/24	6	\$6,700.00	\$5,695.00	May 2024					
					Totals					
Account Executives										

Gross Amount

Account Executive Sales Office Sales Region Start Date / End Date Order % Millennium Chicago Start Of Order - End Of Order 100%

Net Amount

MultiChannel

Bill Plan

Start Date

End Date

Spots

MultiClia	aririei										
_Ln Ch	Start	End	Inventory Code	Break	Start/End T	ïme Days	Len Spots	Rate Pri	Rtg Type	Spots	Amount
N 1 A	.ll 05/15/2	4 05/15/24	Wed Prime Hour Wed Hour 1	1 CM	Wed Hour 1	W	1:00 1	\$1,700.00P2	0.00 NM	1	\$1,700.00
	MMENTS AF Masked Sin		B LINES A THRU . DTO)-FOX	A							
	Start Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	Rating					
Week:	: 05/13/24	05/19/24	W	1	\$1,700.00	0.00					
N 2 A	JI 05/19/2	4 05/19/24	,	•	News @ 9p I	M-F/SS	1:00 1	\$1,000.00P3	0.00 NM	1	\$1,000.00
			News @ 9p M-F/								
	MMENTS AF K News at Ni		B LINES A THRU	A							
	Start Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	Rating					
Week:	: 05/13/24	05/19/24	S	1	\$1,000.00	0.00					
N 3 A	ll 05/20/2	4 05/20/24	LN M-F, Su 9-935 News @ 9p M-F/	•	News @ 9p I	M-F/S M	1:00 1	\$1,000.00P3	0.00 NM	1	\$1,000.00
			B LINES A THRU	A							
FOX	News at Ni	ne									
	Start Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	Rating					
Week:	05/20/24	05/26/24	M	1	\$1,000.00	0.00					
N 4 A	JI 05/14/2	4 05/17/24	LN M-F, Su 9-935	бр СМ	News @ 9p I	M-F/S -TWTF	1:00 3	\$1,000.00P3	0.00 NM	3	\$3,000.00
			News @ 9p M-F/	Su							
COMMENTS APPLY TO SUB LINES A THRU A											
FOX	News at Ni	ne									
	Start Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	<u>Rating</u>					

Print Date: 05/13/24 12:22:48 Page 2 of 2

 Order / Rev:
 4464004
 Advertiser:
 POL/AB PAC

 Alt Order #:
 28400070
 Product Desc:
 AB PAC
 LaCrosse WI WLAX

 Flight Dates:
 05/13/24 - 05/26/24
 Estimate:
 6768

MultiChannel

	Ch	Start	End	Inventory Code	Break	Start/End	Time	Days	Len Spots	Rate	Pri	Rtg Type	Spots	Amount
Wee	<u>Start</u> ek: 05/1:	<u>Date</u> 3/24	End Date 05/19/24	<u>Weekdays</u> -TWTF	Spots/Week 3	<u>Rate</u> \$1,000.00	<u>Ratir</u> 0.	<u>ng</u> 00						

Totals 6 \$6,700.00

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

,, hereby request station time as follows: See Order for proposed								
schedule and charges. See Invoice for actual schedule and charges.								
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 only to a state or local issue).	message relating to any political matter of	national importance (e.g., relates						
ALL QUE	STIONS/BLOCKS MUST BE CON	MPLETED						
Station time requested by:								
Agency name:								
Address:								
Contact:	Phone number:	Email:						
Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):								
Name:								
Address:								
Contact:	Phone number:	Email:						
station is authorized to announce the ti	me as paid for by such person or entity.							
governing group(s) of the advertiser/sp	ers of the executive committee and the keep onsor (Use separate page if necessary.):							
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).								
f 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								

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.

Advertiser/Sponsor		Station Representative					
Signature: Christins Killing	an	Signature: Num St. Claire					
Name:		Name: Dawn LeC	laire				
Date of Request to Purchase Ad Time:		Date of Station Agre	eement to Sell Time: 5/13/24				
TO BE COMPLETED BY STATION ONLY							
Ad submitted to station? Yes No Date ad received:							
If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor 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 #: 4464004	Station Call Letters: WLAX/V		Date Received/Requested: 5/13/24				
Est. #: 6768	Station Location: La Cros		Run Start and End Dates: 5/14 - 5/26/24				
For national issue ads only (not requir	ed for state/local is	sue ads):					

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.

"Anna" ABP-WI-T24-01H :60 66% "Jenn" ABP-WI-T24-03H :60 34%