# ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, Jonathan Lawler	, hereby request station time as fo	llows: See <b>Order</b> for proposed
schedule and charges. See In	voice for actual schedule and charges	•
Check one:		1
(1) a legally qualified candid issue of public importance (a	age relating to any political matter of national date for federal office; (2) an election to federa e.g., health care legislation, IRS tax code, etc.); of iscussion at the national level.	al office; (3) a national legislative
Ad does NOT communicat only to a state or local issue	te a message relating to any political matter of e).	f national importance (e.g., relates
ALL Q	EUESTIONS/BLOCKS MUST BE CO	MPLETED
Station time requested by: Indiana C	Council for Animal Welfare	
Agency name: Punk Farmer Media, LL	.c	
Address: 5332 North 400 East		
Contact: Jonathan Lawler	Phone number: 317-627-6703	Email: jonathan@punkfarmermedia.com
	tity's full legal name as disclosed to the Fede ne must match the sponsorship ID in ad):	eral Election Commission [for federal
Name: Indiana Council for Animal Welf	are	······································
Address: PO Box 20717, Indianapolis, I	Indiana 46220	• • • • • • • • • • • • • • • • • • • •
Contact: Jonathan Lawler	Phone number: 317-627-6703	Email: jonathan@punkfarmermedia.com
Station is authorized to announce th	he time as paid for by such person or entity.	Marine de la companione d La companione de la compa
group(s) of the advertiser/sponsor (l Devon Troyer, Myron Yoder, Martin Wag By signing below, advertiser/sponsor	gler, Dale Bontrieger, Eldon Graber, Jonathan La represents that those listed above are the only	wier
executive committee and board of dir	rectors or other governing group(s).	
f ad refers to a federal candidate(s)	or federal election, list ALL of the following	N/A
Name(s) of every candidate referred		
Office(s) sought by such candidate(s	s) (no acronyms or abbreviations):	in the second of
Date of election:	the second of th	Control of the second of the s
Clearly identify <b>EVERY</b> political mat ad (no acronyms); use separate pag	ter of national importance referred to in the e if necessary:	N/A

### 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. Station Representative Advertiser/Sponsor Signature: Signature: Tanoffen / Name: Name: Jonathan Lawler Date of Station Agreement to Sell Time: Date of Request to Purchase Ad Time: 1/19/2024 TO BE COMPLETED BY STATION ONLY Date ad received: 119/24 No Ad submitted to station? Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy). 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 #: Station Call Letters Date Received/Requested: Est. #: Station Location: Run Start and End Dates: For national issue ads only (not required for state/local issue 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.



The Original Company PO Box 242 Vincennes, IN 47591 (812) 882-6060

Punk Farmer Media 5332 N 400 E Greenfield IN 46140

### **WWBL Order Confirmation**

OrderID / Status:

113584-001 / Pending

Sponsor:

Indiana Council of Animal Welfare

Product:

Indiana Council of Animal Welfare

Estimate/PO#

Indiana Council For Animal Welfare -- Polit

AcccountRep Billing Cycle:

Chad Schaefer Broadcast Month

InvoiceType:

Detail Notarized Affidavit

RunDates:

01/20/2024 - 01/26/2024

Items Ordered:

Gross Amount:

1,190.00

-Discounts:

0.00

-Agency Commission:

0.00

Net Amount:

1,190.00

Scheduled Stations: WWBL

Sponsor: Indiana Council of Animal Welfare

#### Printed 01/19/2024 12:01 PM

LineID	Run Dates	Run Weeks	Run Times	Mo	Tu	We	Th	Fr	Sa	Su	Week	Length	Description	PreEmp	Qty	Rate	Cost
01	01/22/2024 - 01/26/2024	All Weeks	6а-7р	10	10	9	9	9			47	:30	Spot	2	47	22.00	1,034.00
02	01/20/2024 - 01/21/2024	All Weeks	6a-7p						8	5	13	:30	Spot	2	13	12.00	156.00

	Notes and Special Intructions
Indiana Council of Animal Welfare Political Issue Advertising	
Punk Farmer Media is a Local Agency that is taking NO COMMISSION	
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				Broadcast Month F	rojected Billing [Gross]			
Jan-2024	1,190.00 Feb-20		2024	0.00	Mar-2024	0.00	Q1-2024	1,190.00
		_	11_		Verified by pdfFilter 01/19/2024			

Jonathan Lawler

Confirmed Correct; Payment Guaranteed

Accepted for WWBL

## Credit Card Payment Form

The Original charges on VISA, Discover only. be filled out for applied. Client

www.originalcompany.com

Company, Inc. takes Master Card, or All required lines must the charge to be should sign form if

possible. Application for Credit Card Payment does not excuse client from paying account should the charge not be approved.

not be approved.	
One time charge? Yes	Charge My Account the amount due each month:
Account #: 4413 7600 0015 3082	Expiration Date: 12/27
Visa - Master Card - Discover - An	nount of Charge: \$1,965
	ove total amount according to the card issuer agreement."
Signature - "I agree to pay the abo	ove total amount according to the card issuer agreement."
Printed Name: Jonathan Lawler - P The name on the card's BILL	unk Farmer Media
	5332 N 400 F
The Address of the card's BILL Street #	5332 N 400 E
	Greenfield IN  d State
City an	d State
70.0	46140
CID/CVV Code: 647	te*
Sales Representative: Chad Schaef	fer Rep #: S31
Our Account #: 113584	
Our Account Name: Indiana Counc	eil for Animal Welfare
Purpose/Plan of Charge: Indiana Co WWBL/WUZR/WAOV	ouncil for Animal Welfare Campaign on
Our Invoice#: Ente	ered into Accounting by:
Approval Code:	Date Entered in NL/QB:
Does Client Need a Formal Receipt?	Yes No (circle one) Receipt Sent:
Address for Receipt: ionathan@punkfarmern	nedia com