

ISSUE (Non-candidate) ADVERTISEMENT  
AGREEMENT FORM

I, MARK HARE, 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 message relating to any political matter of national importance (e.g., relates only to a state or local issue).

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

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: H I I MARKETING

Address: 2100 A HALL

Contact: MARK HARE

Phone number: 715 735 1918

Email:

Station is authorized to announce the time as paid for by such person or entity.

MARKHARE@NEW.11.COM

List ALL chief executive officers, members of the executive committee and the board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.):

MARK HARE

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).

If ad refers to a federal candidate(s) or federal 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 ad (no acronyms); use separate page if necessary:

N/A

GUN CONTROL WOMEN'S RIGHTS SOCIAL SECURITY HEALTH CARE

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: X *[Handwritten Signature]*

Signature: *[Handwritten Signature]*

Name: *MADE HARK*

Name: *John Callow*

Date of Request to Purchase Ad Time: *5/15/23*

Date of Station Agreement to Sell Time: *5/15/23*

**TO BE COMPLETED BY STATION ONLY**

Ad submitted to station?  Yes  No Date ad received: *5/15/23*

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 #: *3136878*

Station Call Letters: *WAGN WH9B WLSJ*

Date Received/Requested: *5/15/23*

Est. #:

Station Location: *Menominee MI/Marinette, WI*

Run Start and End Dates: *5/15/23 - 6/21/23*

**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.



# Sales Order

Stations: WAGN-AM, WHYB-FM, WLST-FM Buyer: \_\_\_\_\_  
 Contract Name: HARE IT IS NCIG MAY JUNE 23 Tax Schedule: \_\_\_\_\_ (None)  
 Contract#: \_\_\_\_\_ 3136878 Agency Commission %: 0  
 Start Date: 5/15/23 End Date: 6/21/23 Billing Cycle: Calendar  
 Revenue Type: Trade Direct Type: Trade Salesperson: 6235hmal Comm %: 0  
 Advertiser: HARE IT IS CREATIVE MARKET TR Makegood Policy: Within Contract Dates  
 Address: 2602 HALL AVE  
 City: MARINETTE State: WI Zip: 54143  
 Product Name: NCIG  
 Competitive Code: Special Events

## WAGN-AM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							RATE	TOTALS		PTY		
	START	END		START	END		M	T	W	T	F	SA	SU		Per Wk	D/W		SPOTS	\$\$
1	5/15/23	5/26/23		11:00 AM	8:00 PM	60	2		2		2			6	D	8.75	12	105.00	1
2	6/06/23	6/08/23		11:00 AM	8:00 PM	60		2		2				4	D	8.75	4	35.00	1
3	6/13/23	6/21/23		11:00 AM	8:00 PM	60		2	2					4	D	8.75	8	70.00	1

TOTAL GROSS \$210.00, NET \$210.00

## WHYB-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							RATE	TOTALS		PTY		
	START	END		START	END		M	T	W	T	F	SA	SU		Per Wk	D/W		SPOTS	\$\$
1	5/15/23	5/26/23		6:00 AM	11:00 AM	60	1		1		1			3	D	15.00	6	90.00	1
2	5/15/23	5/26/23		11:00 AM	8:00 PM	60	2		2		2			6	D	13.75	12	165.00	1
3	6/06/23	6/08/23		6:00 AM	11:00 AM	60		1		1				2	D	15.00	2	30.00	1
4	6/06/23	6/08/23		11:00 AM	8:00 PM	60		2		2				4	D	13.75	4	55.00	1
5	6/13/23	6/21/23		6:00 AM	11:00 AM	60		1	1					2	D	15.00	4	60.00	1
6	6/13/23	6/21/23		11:00 AM	8:00 PM	60		2	2					4	D	13.75	8	110.00	1

TOTAL GROSS \$510.00, NET \$510.00

## WLST-FM

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							RATE	TOTALS		PTY		
	START	END		START	END		M	T	W	T	F	SA	SU		Per Wk	D/W		SPOTS	\$\$
1	5/15/23	5/26/23		6:00 AM	8:00 PM	60	3		3		3			9	D	18.75	18	337.50	1
2	6/06/23	6/08/23		6:00 AM	8:00 PM	60		3		3				6	D	18.75	6	112.50	1
3	6/13/23	6/21/23		6:00 AM	8:00 PM	60		3	3					6	D	18.75	12	225.00	1

TOTAL GROSS \$675.00, NET \$675.00

Billing Projections: By Month

	May 23	Jun 23
CA	697.50	697.50
ST	697.50	697.50

Print Spot Prices

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TOTAL SPOTS	96
GROSS TOTAL \$	1,395.00
ADJUSTED SPOTS	96
ADJUSTED TOTAL \$	1,395.00

APPROVE    DECLINE

- |                                     |                          |                             |
|-------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/> | General Manager             |
| <input type="checkbox"/>            | <input type="checkbox"/> | Sales Manager               |
| <input type="checkbox"/>            | <input type="checkbox"/> | National Sales Manager      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6235jcal, 05/10/23 @12:19PM |

The reconciliation information need not be placed in the file immediately but the entity must identify a person or persons capable of informing an advertiser of the details of any reconciliation information.

Reconciliation information for this order will be posted upon completion of schedule or at the end of the month the advertising aired. Reconciliation information is also available from the business manager, Stephanie Edge at [Stephanie@baycitiesonline.com](mailto:Stephanie@baycitiesonline.com) or by calling 715-735-0225 extension 212.