Order #1200366: Katz Media../Mayday Med../Mayday Med../6592

n 🔞 🎘 Date	Action	Line	Comment	Ву	Total \$	# Spots	Expected G
11/13/23 4:01	:42 PM Processed		<async process=""></async>	Gregory	\$5,940.00	60	0.00
11/13/23 4:00	:18 PM Approved			Lori Jack	\$5,940.00	60	0.00
11/13/23 4:00	:15 PM Approval Workflow		[Centralized AR - Business Office Approval Needed Default]	Lori Jack	\$5,940.00	60	0.00
11/13/23 3:59	:51 PM Approval Workflow		[Sales Manager - Ready Default]	Pat Gallo	\$5,940.00	60	0.00
11/13/23 12:21	:01 PM Ready for approval		Corrected Rev Code 2 to Political Issue	Lori Jack	\$5,940.00	60	0.00
11/13/23 11:16	:46 AM Approval Workflow		[Sales Manager - Ready Default]	Cindy Be	\$5,940.00	60	0.00
11/10/23 5:18	:21 PM Ready for approval		New Political MVC	Mya Coll	\$5,940.00	60	0.00
11/10/23 5:05	:56 PM Ready for approval		[ec import] READY	Mya Coll	\$5,940.00	60	0.00
11/10/23 5:05	:51 PM New order created		Imported EC Order	Mya Colli	\$5,940.00	60	0.00

\$110.00P-50 0.00 NM

\$70.00P-50 0.00 NM

\$1,650.00

\$420.00

15

6

ORDER

Orders	Order / F		120	0366											
	Alt Order		369	39391											
	Product [Ma	yday Medic	ines, In	С.									
	Estimate	:	659	2							WEMX-	=M			
	Flight Da	tes:	12/	04/23 - 12/2	24/23			Primary A	Æ:		Katz Chi	cago			
	Original D	Date / Rev:	11/	10/23 / 11/1	13/23			Sales Offi	ce:		K-7.5				
	Order Typ	oe:	GE	NERAL				Sales Reg	gion:		N-Katz7	5			
Agency	Name:		Kat	z Media G	roup										
	Buying Co	ontact:						Billing Typ	e.		Cash				
	Billing Co							Billing Cal		r	Broadca	st			
			125	West 55th	Street		-	Billing Cyc			EOM/EO				
			-	York, NY				Agency C		ssion:	15%				
											-				
Advertiser	Name:		May	day Medic	ines, Ir	nc									
	Demograp	phic:	A18	-49				New Busin	ness l	End:	* <u></u>				
	Product C	odes:	Med	licine/Medi	cal Sup	olies		Advertiser	Exte	rnal ID:					
	Revenue	Code 1:	AGY	Y-AVAIL				Agency Ex	cterna	al ID:					
	Revenue	Code 2:	POL	-ISS				Unit Code	:		General				
	Revenue	Code 3:	GEN	N				Order Sep	aratio	on:	00:15:00				
	Priority:		P-10	00											
Bill Plan							Total	s							
Start Date	End Date	# Spots	Gross	Amount	Net A	mount	Mont	h	T	# Spots	Gross A	mount	Nef	t Amount	Rating
11/27/23	12/24/23	60		\$5,940.00	1	\$5,049.00	-	mber 2023		60)	,940.00		\$5,049.00	
							Totals	3		60	\$5	,940.00		\$5,049.00	0.0
Account Exec		Sales Office		Calas Das	ion	Start Date / E	ad Dat			O-d 0/	-				
	ulive		e	Sales Reg	ion		4447			Order %					
Katz Chicago		K-7.5		N-Katz75	2220 7	Start Of Orde				100%				depth with the	
Ln Ch	Start End		The second		Break	6:00 AM-10			Len :30	Spots 5	Rate Pr \$110.00P-	-		Spots 15	Amount \$1,650.0
IN I VVLIVIA	12/04/23 12/2	4/23 W-FA	ווט וויו	/e	CIVI	0.00 AIVI-10	.00 AW	MIMIF	.50	5	\$110.00P-	0.00	NIVI	15	φ1,000.0
RT -	. D		leaf-section			-									
Stan Week: 12/0	t Date End D 14/23 12/10/		kdays	Spot	s/Week		Ratii	<u>ng</u> 00					- 1		
Week: 12/1	1/23 12/17/	/23 MTW	ΓF		5			00							
Week: 12/1					5			00							
N 2 WEMX	12/04/23 12/24	4/23 M-F M M-F	idday		CM	10:00 AM-3	:00 PM	MTWTF	:30	5	\$110.00P-	50 0.00) NM	15	\$1,650.0
RT -		141-1													
	Date End D		kdays	Spot	s/Week		Ratir								
Week: 12/0 Week: 12/1					5			00 00							
10/ 10: 40/4	0/00 40/04				-	0440.00	٥.	00					- 1		

5 \$110.00

Rate

\$110.00

\$110.00

\$110.00

(3:00 PM-7:00 PM)

CM

5

5

Spots/Week

0.00

Rating

0.00

0.00

0.00

:30

3:00 PM-7:00 PM MTWTF--

3:00 PM-7:00 PM ----S-

Week: 12/18/23 12/24/23

RT -

Week: 12/04/23

Week: 12/11/23

Week: 12/18/23

N 3 WEMX 12/04/23 12/24/23 M-F PM Drive

12/10/23

12/17/23

12/24/23

Start Date End Date

N 4 WEMX 12/09/23 12/24/23 Sa-Su PM

MTWTF--

Weekdays

MTWTF--

MTWTF--

MTWTF--

Sa-Su

M-F

Print Date: 11/13/23 15:14:21

WEMX-FM

Page 2 of 2

Order / Rev:

Flight Dates:

1200366

12/04/23 - 12/24/23

Alt Order #: 36939

36939391

Advertiser:

Mayday Medicines, Inc

Product Desc:

Mayday Medicines, Inc.

Estimate:

6592

Ln Ch Start	End	Inventory Code	Break	Start/End	Time Days	Len Sp	oots	Rate Pri	Rtg Type	Spots	Amount
RT -											
Start Date	End Date	Weekdays	Spots/Week	Rate	Rating				- 1		
Week: 12/09/23	12/15/23	S-	2	\$70.00	0.00				- 1		
Week: 12/16/23	12/22/23	S-	2	\$70.00	0.00				- 1		
Week: 12/23/23	12/29/23	S-	2	\$70.00	0.00						
N 5 WEMX 12/10/2	3 12/24/23	Sa-Su Midday	CM	10:00 AM-3	:00 PMS	:30	1	\$50.00P-50	0.00 NM	3	\$150.00
		Sa-Su		(10:00 AM-3	3:00 PM)). • access a ce a () = •			
RT -				•					- 1		
Start Date	End Date	Weekdays	Spots/Week	Rate	Rating						
Week: 12/10/23	12/16/23	S	1	\$50.00	0.00				- 1		
Week: 12/17/23	12/23/23	S	1	\$50.00	0.00				- 1		
Week: 12/24/23	12/30/23	S	1	\$50.00	0.00						
N 6 WEMX 12/10/2	3 12/24/23	Sa-Su PM	CM	3:00 PM-7:0	00 PMS	:30	2	\$70.00P-50	0.00 NM	6	\$420.00
		Sa-Su		(3:00 PM-7:0	00 PM)						
RT -									- 1		
Start Date	End Date	Weekdays	Spots/Week	Rate	Rating				- 1		
Week: 12/10/23	12/16/23	S	2	\$70.00	0.00				- 1		
Week: 12/17/23	12/23/23	S	2	\$70.00	0.00				- 1		
Week: 12/24/23	12/30/23	s	2	\$70.00	0.00						
		AND DESCRIPTION OF THE PARTY OF						-	Totals	60	\$5,940.00

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, Christine Killian	, hereby request station time as	follows: See Order for proposed
schedule and charges. See In	voice for actual schedule and charge	
Check one:		
(1) a legally qualified candid issue of public importance (e	ge relating to any political matter of nationa ate for federal office; (2) an election to fede .g., health care legislation, IRS tax code, etc.); scussion at the national level.	ral office; (3) a national legislative
Ad does NOT communicate only to a state or local issue	e a message relating to any political matter of a	of national importance (e.g., relates
ALL QU	JESTIONS/BLOCKS MUST BE CO	MPLETED
Station time requested by: Christine k	Gillian	
Agency name: AL Media		
Address: 222 W. Onatario Suite 600 Chie	cago, IL 60654	
Contact: Christine Killian	Phone number: 773-297-4544	Email: christine.killian@almediastrategy.cc
	y's full legal name as disclosed to the Fed must match the sponsorship ID in ad):	eral Election Commission [for federal
Name: Mayday Medicines, Inc.		
Address: 442 5th Ave #1648, NY NY 100	18	
Contact: Christine Killian	Phone number: 773-297-4544	Email: christine.killian@almediastrategy.cc
Station is authorized to announce the	time as paid for by such person or entity	
	bers of the executive committee and the sponsor (Use separate page if necessary.):	
Dr. Jennifer Lincoln (executive director), N	athaniel Brooks Horwitz (board president), and	Dr. Jane van Dis (board member)
By signing below, advertiser/sponsor re executive committee and board of direct	presents that those listed above are the only ctors or other governing group(s).	y executive officers, members of the
If ad refers to a federal candidate(s) or	r federal election, list ALL of the following	: N/A
Name(s) of every candidate referred t	o:	
Office(s) sought by such candidate(s) (no acronyms or abbreviations);	
Date of election:		
Clearly identify EVERY political matter ad (no acronyms); use separate page i	r of national importance referred to in the f 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.

Advertiser/Sponsor		Station Representative								
Signature: Christine Killian Digitally signature: 2023.	ned by Christine Killian 10.24 08:43:48 -07'00'	Signature:	m							
Name: Christine Killian		Name: My	a Collier							
Date of Request to Purchase Ad Time: 10-	24-2023	Date of Station Agreement to Sell Time: 11/10/23								
то ве	COMPLETED	BY STATION (ONLY							
Ad submitted to station?	V No	Date ad received:	waiting mad							
Note: Must have separate PB-19 forms fo	or each version o	of the ad (i.e., for	every ad with differing	сору).						
If only one officer, executive committee me in writing if there are any other officers, ex- update this form if additional officers, mem	ecutive committe	e members or dire								
Disposition:										
Accepted										
Accepted IN PART (e.g., ad not received) Rejected – provide reason:	ved to determine	content)*								
Rejected – provide reason.										
*Upload partially accepted form, then promp	tly upload update	d final form when c	omplete.							
Date and nature of follow-ups, if any:										
Date and nature of follow-ups, it ality.										
Contract #: Sta	tion Call Letters:	-M	Date Received/Reques	ted:						
[200 366 Est. #: 65 92	tion Location: Baton Ro	uge, LA	Run Start and End Date	es: 2/24/23						
For national issue ads only (not required f	or state/local iss	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.