

NAB Form PB-18 Issues

Station and Location: BBS-TV	Date: 10/24/16
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I, DAN Proff
do hereby request station time concerning the following issue:

HD 79

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
:30	Various	7	IE	Various	1

This broadcast time will be used by: Liberty Principle PAC

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**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.**

[Empty rectangular box]

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):

[Empty rectangular box]

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

[Empty rectangular box]

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):

[Empty rectangular box]

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

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THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT DOES NOT "COMMUNICATE A POLITICAL MATTER OF NATIONAL IMPORTANCE"

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

Albert Ruppel
505 N. Lake Shore Drive Chicago IL 60611

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):

DAN Ruppel Chairman and Treasurer

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AGREED UPON SCHEDULE

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
<i>See Schedule</i>					

Attach proposed schedule with charges (if available):

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.