

NAB Form PB-18 Issues

**AGREEMENT FORM FOR
NON-CANDIDATE/ISSUE ADVERTISEMENTS**

Station and Location: WQAD-TV Moline, IL	Date: 6-25-15
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I, Dudley Media

do hereby request station time concerning the following issue:

Healthcare Illinois

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

This broadcast time will be used by: SEIU Healthcare Illinois

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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):

SEIU Health Care Illinois
2209 South Halsted Street
Chicago, IL 60608

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):

Amyra Glassman, Treasurer

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TO BE COMPLETED FOR ALL ISSUE ADVERTISEMENTS

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

The Sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), the sponsor also agrees to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.

TO BE SIGNED BY ISSUE ADVERTISER (SPONSOR)

6-25-15 [Signature] 215-923-8814
Date Signature Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☒ Accepted ☐ Accepted in Part ☐ Rejected

[Signature] _____ _____
Signature Printed Name Title