ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

l,	, hereby request station time as f	ollows: See Order for proposed
schedule and charges. See In	voice for actual schedule and charge	es.
Check one:		
(1) a legally qualified candid issue of public importance (e	age relating to any political matter of national late 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 o).	of national importance (e.g., relates
ALL Q	JESTIONS/BLOCKS MUST BE CO	MPLETED
Station time requested by:		
Agency name:		
Address:		
Contact:	Phone number:	Email:
	ty's full legal name as disclosed to the Fed must match the sponsorship ID in ad):	eral Election Commission [for federal
Name:		
Address:		
Contact:	Phone number:	Email:
Station is authorized to announce the	e time as paid for by such person or entity	<i>(</i> .
governing group(s) of the advertiser/ By signing below, advertiser/sponsor re	epresents that those listed above are the one	
executive committee and board of directions for a federal candidate(s) of	or federal election, list ALL of the following	g: N/A
Name(s) of every candidate referred		
Office(s) sought by such candidate(s)	(no acronyms or abbreviations):	
Date of election:		
Clearly identify EVERY political matte ad (no acronyms); use separate page	er of national importance referred to in the if necessary:	e 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:		Signature:				
Name:		Name:				
Date of Request to Purchase Ad Time:		Date of Station Agreement to Sell Time:				
то	BE COMPLETED	BY STATION OF	NLY			
Ad submitted to station? Yes No Date ad received: 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 requir	ed for state/local is	ssue 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.

ORDER

Orders

Order / Rev:

Alt Order #:

Product Desc:

2691892

37202086

Issue

Account Executive		Product D	esc:	issue									
Agency Name: Katz Media Group Sales Region: National	Flight Dates:			6756						Kansas City KM	BZ-AM		
Agency Name: Katz Media Group Billing Type: Cash Billing Type: Cash Billing Contact: Billing Cycle: EOM/FOC Agency Commission: 15%			04/08/24 - 04/14/24			Pri	Primary AE:		Katz Philadelphia	Katz Philadelphia			
Agency Name: Katz Media Group Billing Contact: Billing Corder: Billing Corder: Billing Corder: Billing Corder: EOMECC Agency Commission: 15%			03/27/24 / 03/27/24		Sa	les Office	э:	K-PHL					
Buying Contact: Billing Type: Cash Billing Contact: Billing Cycle: EOM/EOC		Order Typ	e:	GENERA	GENERAL		Sa	Sales Region:		National	National		
Bulling Type: Cash Billing Type: Cash Billing Type: Edward Billing Calendar: Billing Calendar: Billing Calendar: Billing Cycle: EOM/EOC	Agency	Name:		Katz Me	dia Group								
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125 West 55th Street Billing Cycle: Agency Commission: 15%		Billing Cor					_			Broadcast			
Name		-		125 Wes	t 55th Street			_		EOM/EOC		-1	
Demographic A18+				New Yorl	k, NY 10019					15%			
Demographic A18+	Advortion	Nomo		Amorios	n Pankara As	sociation (A	.,						
Product Codes	Auvertisei		hio:					Naw Dusiness Fade					
Revenue Code 1: AGY					ortagas I on do					4074047			
Revenue Code 2: POL													
Revenue Code 3:	Revenue Code 2: Revenue Code 3:												
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Account Executive Sales Office Sales Region Start Date End Date Order %	04/01/24	04/12/24	15	\$1,	125.00	\$956.25		<u> </u>					
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