

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, Michael J. Day, 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: Assembly

Address: One World Trade Center, Floor 67, New York, NY 10007

Contact: Michael J. Day

Phone number: 212-547-5062

Email: Michael.Day@media-asm.com

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: Healthcare Education Project

Address: 498 Seventh Ave, NY, NY 10018

Contact: Kirk Adams

Phone number: 2022512691

Email: kirk.adams@1199funds.org

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

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

Kirk Adams
David Collymore

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:


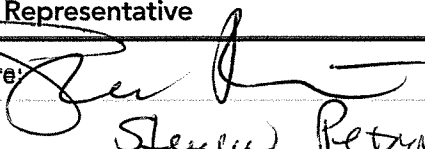
Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary:

☐ N/A

Healthcare

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:  Digitally signed by Michael J Day Date: 2021.04.16 11:20:50 -04'00'	Signature: 
Name: Michael J Day	Name: Steven Petrone
Date of Request to Purchase Ad Time: 13.Jan.2021	Date of Station Agreement to Sell Time: 4/16/21

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? ☒ Yes ☐ No Date ad received: 4/16/21

Note: Must have separate PB-19 forms (or the equivalent, e.g., addendums) 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 (optional):


*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any:

Contract #: 15391	Station Call Letters: WSPK-FM	Date Received/Requested: 4/16/21
Est. #:	Station Location: Beacon / Poughkeepsie, NY	Run Start and End Dates: 4/17/21 - 4/23/21

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.

STATION WSPK-FM		REVENUE TYPE NATIONAL AGENCY		CONTRACT TYPE Regular		BILLING TYPE Broadcast		SALE TYPE Standard		CONTRACT # 15391		 Sales Contract		
MAILING ADDRESS KATZ MEDIA GROUP 126 WEST 55TH STREET, 11TH FLOOR NEW YORK, NY 10019				Pamal Broadcasting 715 Rt. 52 Beacon, NY 12508				REF # 32478 REV # 1 PRINT DATE 04/16/21 1:13:41 PM						
BUYER				START 04/17/21		END DATE 04/23/21		REVISION DATE 04/16/21		PRODUCT HEDP/HEDP/1210			OFFICE Hudson Valley	
ADVERTISER HEALTH EDUCATION PROJECT				ACCOUNT EXECUTIVE REP FIRM KATZ		EST # 1210		AGENCY C#		AGENCY CUSTOMER CODE			AGENCY PRODUCT CODE	

STA.	Line	TYPE	DAY	SCHEDULE - TIME	START	FINISH	START	FINISH	P	ALT	LEN	SPW	Mo	Tu	We	Th	Fr	Sa	Su	RATE	OCC.	L.RATE
	1	COM	Sa-Su	6A-7P M-SUN	06:00	19:00	04/17/21	04/18/21	3		30	10								140.00	10	1,400.00
	2	COM	Mo-Fr	6A-10A M-F	06:00	10:00	04/19/21	04/23/21	3		30	15	3	3	3	3				180.00	15	2,700.00
	3	COM	Mo-Fr	10A-3P M-F	10:00	15:00	04/19/21	04/23/21	3		30	10	2	2	2	2				140.00	10	1,400.00
	4	COM	Mo-Fr	3P-7P M-F	15:00	19:00	04/19/21	04/23/21	3		30	10	2	2	2	2				152.00	10	1,520.00

Accepted For Agency/Sponsor: _____		Total Occasions 45	
Gross		\$7,020.00	
Agency Commission		\$1,053.00	
Net		\$5,967.00	
Contract Total		\$5,967.00	

Net 30
Pamal Broadcasting Ltd. does not discriminate in the sale or scheduling of advertising time based on race or ethnicity and does not accept advertising intended to do so. This schedule constitutes your certification that you are not buying air time based on such a discriminatory intent.

Invoice / Affidavit

Remit To:
Pamal
PO Box 1340
Williston, VT 05495-1340



We warrant that the broadcast information shown on this invoice was taken from the program logs

BILL TO:

KATZ MEDIA GROUP
125 WEST 55TH STREET, 11TH FLOOR
NEW YORK, NY 10019

Broadcast Month	Invoice Date	Print Date
April 2021	Apr. 25, 2021	Apr. 30, 2021
Contract Number	Invoice Number	Page
15391	306-26634	1
Revenue Type	Est #	
NATIONAL AGENCY	1210	
Product		
HEDP/HEDP/1210		

Station	Advertiser	Sales Rep	Agency C#
WSPK-FM	HEALTH EDUCATION PROJECT	REP FIRM KATZ	
Date	Len	Time	Qty
			Rate
			Total

Tape Name: HEALTH EDUCATION PROJECT/GNYR0330

ISCI: GNYR0330

04/17/21	30	6A-7P M-SUN	06:25:04 AM	11:26:35 AM	05:45:01 PM	3	\$140.00	\$420.00
04/18/21	30	6A-7P M-SUN	12:25:44 PM	04:01:33 PM		2	\$140.00	\$280.00
04/19/21	30	10A-3P M-F	01:40:40 PM			1	\$140.00	\$140.00
		3P-7P M-F	05:38:11 PM			1	\$152.00	\$152.00
		6A-10A M-F	06:56:16 AM	09:23:19 AM		2	\$180.00	\$360.00
04/20/21	30	10A-3P M-F	01:39:38 PM			1	\$140.00	\$140.00
		3P-7P M-F	05:52:13 PM			1	\$152.00	\$152.00
		6A-10A M-F	07:43:18 AM			1	\$180.00	\$180.00
04/21/21	30	10A-3P M-F	01:38:28 PM			1	\$140.00	\$140.00
		3P-7P M-F	03:53:53 PM			1	\$152.00	\$152.00
		6A-10A M-F	07:15:05 AM	08:12:46 AM		2	\$180.00	\$360.00
04/22/21	30	10A-3P M-F	12:55:35 PM			1	\$140.00	\$140.00
		3P-7P M-F	04:42:23 PM			1	\$152.00	\$152.00
		6A-10A M-F	08:56:29 AM			1	\$180.00	\$180.00
04/23/21	30	10A-3P M-F	02:42:05 PM			1	\$140.00	\$140.00
		3P-7P M-F	04:41:20 PM			1	\$152.00	\$152.00
		6A-10A M-F	06:27:13 AM	08:49:54 AM		2	\$180.00	\$360.00

Tape Name: HEALTH EDUCATION PROJECT/GNYR0430

ISCI: GNYR0430

04/17/21	30	6A-7P M-SUN	07:36:29 AM	03:41:20 PM		2	\$140.00	\$280.00
04/18/21	30	6A-7P M-SUN	11:24:49 AM	02:55:16 PM	06:38:52 PM	3	\$140.00	\$420.00
04/19/21	30	10A-3P M-F	11:56:14 AM			1	\$140.00	\$140.00
		3P-7P M-F	04:40:06 PM			1	\$152.00	\$152.00
		6A-10A M-F	07:58:04 AM			1	\$180.00	\$180.00
04/20/21	30	10A-3P M-F	12:34:49 PM			1	\$140.00	\$140.00
		3P-7P M-F	03:41:49 PM			1	\$152.00	\$152.00
		6A-10A M-F	06:27:28 AM	08:49:08 AM		2	\$180.00	\$360.00
04/21/21	30	10A-3P M-F	12:38:41 PM			1	\$140.00	\$140.00
		3P-7P M-F	05:53:03 PM			1	\$152.00	\$152.00
		6A-10A M-F	06:18:04 AM			1	\$180.00	\$180.00
04/22/21	30	10A-3P M-F	11:25:42 AM			1	\$140.00	\$140.00
		3P-7P M-F	05:39:13 PM			1	\$152.00	\$152.00
		6A-10A M-F	06:49:22 AM	07:44:38 AM		2	\$180.00	\$360.00
04/23/21	30	10A-3P M-F	12:43:36 PM			1	\$140.00	\$140.00
		3P-7P M-F	05:52:52 PM			1	\$152.00	\$152.00
		6A-10A M-F	07:44:46 AM			1	\$180.00	\$180.00

Invoice / Affidavit

Remit To:
Pamal
PO Box 1340
Williston, VT 05495-1340



We warrant that the broadcast information shown on this invoice was taken from the program logs

BILL TO:

KATZ MEDIA GROUP
125 WEST 55TH STREET, 11TH FLOOR
NEW YORK, NY 10019

Broadcast Month April 2021	Invoice Date Apr. 25, 2021	Print Date Apr. 30, 2021
Contract Number 15391	Invoice Number 306-26634	Page 2
Revenue Type NATIONAL AGENCY		Est # 1210
Product HEDP/HEDP/1210		

Station	Advertiser	Sales Rep			Agency C#	
WSPK-FM	HEALTH EDUCATION PROJECT	REP FIRM KATZ				
Date	Len	Time			Qty	Total

Actual Occasions	45
Gross	\$7,020.00
Agency Commission	\$1,053.00
Net	\$5,967.00
Payments/Adjustments	\$0.00
Total Due	\$5,967.00

Payment Terms: Net 30

**** Please include the entire Invoice # on your check ****

**** Please exhibit the Invoice # on your check as xxx-xxxxx****

Pamam Broadcasting Ltd. does not discriminate in the sale or scheduling of advertising time based on race or ethnicity and does not accept advertising intended to do so. This schedule constitutes your certification that you are not buying air time based on such a discriminatory intent.