

Broadcast Contract

KATZ MEDIA GROUP
 COOPERATIVE OF AMER PHYSICIANS
 Attn: HELEN HANRATTY
 125 W 55TH ST. 3RD. FLOOR
 NEW YORK, NY 10019

Start Date 02/28/20	Contract# 57683	Mod# 0
End Date 03/05/20	Date Entered 02/28/20	Date Last Modified 02/28/20
Advertiser COOPERATIVE OF AMER		Station Market KSEQ-FM
Product Issue CA		SalesRep/Office .. KATZ

Standard Billing Cycle Estimate# 552

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE
1	FR 02/28/20 TH 03/05/20	06:00A-10:00A	60	10	--	--	--	--	--	--	10	\$120.00
2	FR 02/28/20 TH 03/05/20	06:00A-10:00A	60	--	--	--	--	--	1	--	1	\$65.00
3	FR 02/28/20 TH 03/05/20	06:00A-10:00A	60	--	--	--	--	--	--	1	1	\$55.00
4	FR 02/28/20 TH 03/05/20	10:00A-03:00P	60	5	--	--	--	4	--	--	9	\$120.00
5	FR 02/28/20 TH 03/05/20	10:00A-03:00P	60	--	--	--	--	--	1	--	1	\$65.00
6	FR 02/28/20 TH 03/05/20	10:00A-03:00P	60	--	--	--	--	--	--	1	1	\$55.00
7	FR 02/28/20 TH 03/05/20	03:00P-07:00P	60	5	--	--	--	4	--	--	9	\$120.00
8	FR 02/28/20 TH 03/05/20	03:00P-07:00P	60	--	--	--	--	--	1	--	1	\$65.00
9	FR 02/28/20 TH 03/05/20	03:00P-07:00P	60	--	--	--	--	--	--	1	1	\$55.00
10	FR 02/28/20 TH 03/05/20	07:00P-12:00A	60	1	--	--	--	1	--	--	2	\$45.00

-----Additional Comments-----	Total Spots	Spots Total\$	Agency Commission	Net	Gross
	36	3,810.00	\$571.50	\$ 3,238.50	\$ 3,810.00

Billing Projections: By Month

	Feb 20	Mar 20
CA	1,200.00	2,610.00
ST		3,810.00

All spots sold on ROS basis unless premiums paid for guaranteed times. KGST/KLBN/KHIT/KKBZ/KSEQ agrees to provide broadcast facilities as specified above and advertiser agrees to pay therefore in accordance with terms of this agreement. Station reserves the right to approve all copy prior to broadcast. Station reserves the right to pre-empt spots to broadcast events of public interest or national importance. Station's liability for spots missed is limited to

Accepted for Station

Accepted for advertiser OR agency(and MBS, if any) as agent for the advertiser

Name _____ Title _____
 See reverse for accepted terms and conditions, if any

Name _____ Title _____
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