

# New Order

**Media:** Radio  
**Client:** MAINERS FOR HEALTH CARE  
**Product:** 5016 10/31-11/7  
**CPE:** //5016  
**Description:** Regional Reps Order #: 48751  
**Rep:** Regional Reps  
**Version:** 1  
**Comments:**

**Market:** Bangor, ME  
**Demo:** Adults 18+  
**Separation:** 30  
**Flight Start:** 10/30/17  
**Flight End:** 11/7/17  
**Sales Office:** Washington DC  
**Survey:**

**Vendor:** WKIT FM  
**AE:** Kevin Miller  
**Phone:**  
**Fax:**

**Billing To:** Regional Reps  
 6505 Rockside Road  
 Suite 200  
 Cleveland OH 44131  
**Phone:**  
**Fax:**

Line No	Daypart (Program)	Daypart Code	Gross C/T	Dur	10/30	10/31	11/1	11/2	11/3	11/4	11/5	11/6	11/7	Total Spots	Adults 18+ RTG	CPP	
1	MTuWThF 6:00A-7:00P	RT	\$80.00	C 60	0	8	8	8	8	0	0	8	0	40			
Comments:																	
2	Sa 6:00A-7:00P	RT	\$60.00	C 60	0	0	0	0	0	5	0	0	0	5			
Comments:																	
3	Su 6:00A-7:00P	RT	\$60.00	C 60	0	0	0	0	0	0	5	0	0	5			
Comments:																	
					Total Spots:										50		
					Total GRP/GIMP(000):										0.0	0.0	0.0
					Cash\$-Spots										\$3,800.00	- 50	
					Trade\$-Spots										\$0.00	- 0	
					Total\$-Spots										\$3,800.00	- 50	
Total Gross Cost:															\$3,800.00		
Total Net Cost:															\$3,230.00		
Total Gross CPP:															\$0.00		
Total Net CPP:															\$0.00		

**Disclaimer:**

STATION ACKNOWLEDGES REGIONAL REPS CORP IS ACTING AS STATIONS SALES REPRESENTATIVE FOR THIS ORDER AND THAT ADVERTISER/AGENCY IS RESPONSIBLE FOR PAYMENT. REGIONAL REPS CORP. DOES NOT DISCRIMINATE ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT, SCHEDULING AND COMPLETION OF PURCHASE OF ADVERTISING. ANY ORDER FOR ADVERTISING THAT INCLUDES ANY SUCH RESTRICTION WILL NOT BE ACCEPTED.

THE ZONE CORP WKIT/WZON/WZLO  
 Contract Confirmation  
 10/24/17

Advertiser: MAINERS FOR HEALTH CARE

User Code:  
 Contract Number: 27005 - Monthly  
 Page: 1  
 Salesrep: 9 REGIONAL REPS  
 Billing: Standard Broadcast  
 Affidavit: Dates & Times  
 Customer Type: POLITICAL  
 Contact:

Note: EST#5016

POL197 REGIONAL REPS  
 6505 ROCKSIDE ROAD  
 SUITE 200  
 CLEVELAND, OH 44131

Item No.	Begin Date	End Date	Rate	Len	AM FM	Cart	--Spots/Day--							Schedule Range	Total Spots
							M	T	W	T	F	S	S		
1	10/31/17	11/06/17	80.00	30	FM	*	8	8	8	8	8			6:00a 7:00p	40
2	10/31/17	11/06/17	60.00	30	FM	*						5	5	6:00a 7:00p	10

Total Spots and Programs :	50	Gross	3,800.00	Net	3,230.00
Total of Monthly Billing :			0.00		0.00
Total Charges for Contract:			3,800.00		3,230.00

November 17	Gross	3,800.00	Net	3,230.00
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## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

#1507

<b>Station and Location:</b>  <i>WKIT / Bangor, ME</i>	<b>Date:</b>  <i>10/30/17</i>
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I, The New Media Firm

do hereby request station time concerning the following issue:

*Mainers for Health Care*

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

This broadcast time will be used by: Mainers for Health Care!

**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.**

Programming that "communicates a political matter of national importance" includes (1) references to legally qualified candidates (presidential, vice presidential or congressional); (2) any election to Federal office (e.g., any references to "our next senator", "our person in Washington" or "the President"); and (3) a national legislative issue of public importance (e.g., Affordable Care Act, revising the IRS tax code, federal gun control or any federal legislation).

**Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"**

Yes

No

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):

Health Care

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

Mainers for Health Care!, 126 Sewall Street, Augusta, Maine 04330

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):

Treasurer: Robyn Merrill

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

**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):

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):

**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 24 hours before the time of the scheduled broadcasts.

**TO BE SIGNED BY ISSUE ADVERTISER (SPONSOR)**

9/25/17

Date

*[Handwritten Signature]*

Signature

202-775-1440

Contact Phone Number

**TO BE SIGNED BY STATION REPRESENTATIVE**

Accepted

Accepted in Part

Rejected

*[Handwritten Signature]*

Signature

*Ken Wood*

Printed Name

*ASM*

Title

Vendor ID	Name	Payment Number	Check Date	Document Number
WKITFM	WKITFM	0000000000087138	10/23/17	42270

Voucher Number	Month	Advertiser	Gross	Agency Disc	Net	Rep Comm	Net Amount Paid
P-00147884	201710	MAINERS FOR HEALTH CARE	\$3,160.00	\$474.00	\$2,686.00	\$0.00	\$2,591.99
P-00147884CCFEE	201710	CREDIT CARD FEE	(\$94.01)	\$0.00	(\$94.01)	\$0.00	\$0.00
P-00147886	201711	MAINERS FOR HEALTH CARE	\$640.00	\$96.00	\$544.00	\$0.00	\$524.96
P-00147886CCFEE	201711	CREDIT CARD FEE	(\$19.04)	\$0.00	(\$19.04)	\$0.00	\$0.00

\$3,116.95      \$3,116.95      \$0.00      \$3,116.95

**REGIONAL REPS HOLDING CORP.**

6505 ROCKSIDE RD. STE. 200  
CLEVELAND, OH 44131

42270

6-15/410

HUNTINGTON NATIONAL BANK



Three Thousand One Hundred Sixteen Dollars and 95 Cents

DATE      AMOUNT

10/23/17      \$3,116.95

PAY TO THE ORDER OF

WKITFM  
861 Broadway  
Bangor ME 04401

*[Signature]*

AUTHORIZED SIGNATURE

⑆0142270⑆ ⑆014000153⑆ 01662551349⑆

Photo Safe Deposit®      Details on Back