

New Order

Media: Radio **Market:** Bangor, ME **Vendor:** WKIT FM
Client: MAINERS FOR HEALTH CARE **Demo:** Adults 18+
Product: 4979 10/17-10/23 **Separation:** 30
CPE: //4979 **Flight Start:** 10/16/17 **AE:** Kevin Miller
Description: Regional Reps Order #: 48610 **Flight End:** 10/23/17 **Phone:**
Rep: Regional Reps **Sales Office:** Washington DC **Fax:**
Version: 1 **Survey:**

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

Line No	Daypart (Program)	Daypart Code	Gross C/T	Dur	10/16	10/17	10/18	10/19	10/20	10/21	10/22	10/23	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	40		
Comments:															
2	Sa 6:00A-7:00P	RT	\$60.00	C 60	0	0	0	0	0	5	0	0	5		
Comments:															
3	Su 6:00A-7:00P	RT	\$60.00	C 60	0	0	0	0	0	0	5	0	5		
Comments:															
Total Spots:					0	8	8	8	8	5	5	8	50		
Total GRP/GIMP(000):					0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Month	Cash\$-Spots	Trade\$-Spots	Total\$-Spots
10/2017	\$3,800.00 - 50	\$0.00 - 0	\$3,800.00 - 50
Total Gross Cost:		\$3,800.00	Total Gross CPP: \$0.00
Total Net Cost:		\$3,230.00	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
 10/16/17

Advertiser: MAINERS FOR HEALTH CARE

User Code:
 Contract Number: 26986 - Monthly
 Page: 1
 Salesrep: 9 REGIONAL REPS
 Billing: Standard Broadcast
 Affidavit: Dates & Times
 Customer Type: POLITICAL
 Contact:

Note: #4979

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	10/17/17	10/23/17	80.00	30		*	8	8	8	8	8		6:00a 7:00p	40	
2	10/17/17	10/23/17	60.00	30		*						5	5	6:00a 7:00p	10

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

	Gross	Net
October 17	3,800.00	3,230.00

pd

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location: <i>WKIT / Bangor, Maine</i>	Date: <i>10/16/17</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



Signature

202-775-1440

Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

Accepted

Accepted in Part

Rejected



Signature

Kenwood

Printed Name

GSM

Title