

Check # 1089



Office: WJMM
3950 Lexington Rd.
Versailles, KY 40383
Phone (859) 264-9700
Fax (800)965-4035
Start Date 10/29/18

Please Remit Payment to:
WJMM
5210 South Saginaw St
Flint, MI 48507
Phone (810) 694-4146
Fax (810) 694-0661
End Date 11/6/18

RATE PER BROADCAST _____ Total Spots 35
Weekly Cost \$ _____ Total Cost \$ 630

MAILING ADDRESS

Contact Name Tami Lee
Client Name Stan Lee State Representative
Street _____
City _____ State _____
Zip _____ Phone 859-421-3047
Fax _____ E-Mail Tamirose.lee@gmail.com

We agree to contract for: 35 Spots M-F

Agency# _____
Order/Program# _____
Client# _____
Cart# _____
Copy# _____
Product Political

WCGW

Contract Date 10/18/18

Program _____ Notary _____ Ca M _____ Br M _____
15 ACM _____ Affidavit _____ Co-op _____ Copy _____
Spot Length :15 _____ :30 X _____ :60 _____

BILLING ADDRESS

Log As Stan Lee for State Representative
Agency Name _____
Street A. O. Boy 2090
City Lexington State Ky
Zip 40588 Phone _____
Fax _____ E-Mail _____

October 29-November 6 :

2 Morning 7a-9a at \$18
1 Mid Day 8a-6p at \$18
2 Evening 2p-6p at \$ 18

MONTHLY TOTALS

Jan _____ May _____ Sept _____
Feb _____ Jun _____ Oct \$630
Mar _____ Jul _____ Nov _____
Apr _____ Aug _____ Dec _____

Morgan Fouts 10/18/18
Salesperson Date Signed
Management Approved _____ Date Signed
Authorized Customer Signature STAN LEE 10-18-18
Printed Customer Signature Date Signed

Signature indicates customer has read both sides of contract and agrees to conditions stated thereon.
Additional terms on BACK OF CONTRACT *Payments are due in advance*