ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM hereby request station time as follows: S

, Cody Ridenour - Modo Media	_, hereby request station time	as follows: See Order for proposed					
schedule and charges. See Invo	ice for actual schedule and cha	arges.					
Check one:	A Control of the Cont						
(1) a legally qualified candidate	, health care legislation, IRS tax code,	federal office; (3) a national legislative					
Ad does NOT communicate a only to a state or local issue).	message relating to any political ma	tter of national importance (e.g., relates					
ALL QUE	STIONS/BLOCKS MUST BE	COMPLETED					
Station time requested by: Modo Media							
Agency name: Modo Media							
Address: 209 W Elm St. Lima, OH 45801							
Contact: Cody Ridenour	Phone number: 419-230-0647	Email: showmarketing@modo.media					
Name of advertiser/sponsor (list entity's committees] with no acronyms; name m		Federal Election Commission [for federal					
Name: Mental Health & Recovery Services	Board of Allen, Auglaize, and Hardin C						
Address: 528 W. Market St. Lima OH 45801	1	\$27 (\$) 43					
Contact: Tammie Colon	Phone number: 419-222-5120	Email: tammie@mhrsb.org					
Station is authorized to announce the t	ime as paid for by such person or e	entity.					
List ALL of the chief executive officers of group(s) of the advertiser/sponsor (Use Tammie Colon - Executive Director Amy Freymuth - President of Board of Director	nittee or board of directors or other govern						
By signing below, advertiser/sponsor rep executive committee and board of direct	resents that those listed above are thors or other governing group(s).	ne only executive officers, members of the					
If ad refers to a federal candidate(s) or	federal election, list ALL of the follo	owing: N/A					
Name(s) of every candidate referred to	1123						
Office(s) sought by such candidate(s) (r	no acronyms or abbreviations):	(Exercise					
Date of election: 11-7-2023		William Colombia					
Clearly identify EVERY political matter ad (no acronyms); use separate page if	in the N/A						
		ndy Executi					

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

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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.

log deadlines outlined in the station's disclosure statement.								
Advertiser/Sponsor		Station Representative						
Signature: The		Signature: Selbecca & Jawos						
Name: Cody Ridenour		Name: Repecca & Jawks						
Date of Request to Purchase Ad Time: 1	0/6/2023	Date of Station Agreement to Sell Time: 10/10/23						
TO BE COMPLETED BY STATION ONLY								
Ad submitted to station? Yes No Date ad received: 10 10 23								
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 in writing if there are any other officers, update this form if additional officers, m	executive committee	tor is listed above, station should ask the advertiser/sponsor tree members or directors, maintain records of inquiry and ors are provided.						
Disposition: Accepted Accepted IN PART (e.g., ad not received to determine content)* Rejected – provide reason (optional):								
*Upload partially accepted form, then pro	mptly upload updat	ated final form when complete.						
Date and nature of follow-ups, if any:								
Contract #:	Station Call Letters:							
Est. #:	Station Location:	Run Start and End Dates:						
For national issue ads only (not required for state/local issue ads):								
Upload order, this disclosure form and to the OPIF or use this space to docum	invoice (or traffic sy ent schedule of tim	system print-out) or other material reflecting this transaction me purchased, when spots actually aired, the rates charged						

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.

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	Today	60 Country	<u>,[</u>	The Spiri	it of Cosh	nocton	Broad	cast					740-62	2-1560	
Agency				Client		Affidavit			Signature/Date						
		Mental Health		yes		10/10/23									
		Mental Health + Recovery Services					11/7/23 Salesperson Modo.W					ec			
				Account #	113		II .	sec	WR.	45	48 Fran	ies			
6-10	10-3	3-7	7-11	ROS On-Off	ROS 6-7		6-10	10-3	3-7	7-11	Noon	4:00	ROS On-Off	ROS 6-7	
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Nondiscrimination Policy. Coshocton Broadcasting Co. and stations WTNS (AM/FM) do not discriminate in advertising arrangements on the basis of race or ethnicity. Any provision in any advertising agreement entered into with an advertiser whose intent is to discriminate in such manner shall be null and void.

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