

Broadcast Contract

NH HEALTHCARE ASSOCIATION
 5 Sheep Davis Road, Suite B
 Pembroke, NH 03275

Start Date 08/01/21	Contract# 7135434	Mod# 0
End Date 08/01/21	Date Entered 07/30/21	Date Last Modified 07/30/21
Advertiser NH HEALTHCARE ASSOCI		Station Market WZID-FM
Product AUGUST 1		SalesRep/Office House House

Standard Billing Cycle Estimate#

LN	DATE	TIMES/PROGRAMS	LEN	MO	TU	WE	TH	FR	SA	SU	SPOTS /WK	RATE	
1	SU 08/01/21	SU 08/01/21	06:00A-12:00A	30	--	--	--	--	--	--	14	14	\$68.00

-----Additional Comments-----	Total Spots	Spots Total\$	Net	Gross
	14	952.00	\$ 952.00	\$ 952.00

Thank you for your business!
Billing Projections: By Month

	Aug 21
CA	952.00
ST	952.00

Saga Communications, Inc., and all its subsidiaries and stations that it owns or operates prohibit all forms of discrimination in advertising contracts. We do not and shall not discriminate on the basis of race, ethnicity or gender regarding advertising practices. All advertising agencies warrant, where applicable, that all radio and/or television commercials provided to our stations are properly licensed to be broadcast on radio and/or television stations and the associated internet streams.

Accepted for Station

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

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

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Sales Order

Station: WZID-FM Buyer: _____
 Contract Name: 2021NHHCAAUG1ZID Tax Schedule: _____ (None)
 Contract#: _____ 7135434 Agency Commission %: 0
 Start Date: 8/01/21 End Date: 8/01/21 Billing Cycle: Standard
 Revenue Type: Local Political - Direct Type: Cash Salesperson: 2595HOUSE Comm %: 16
 Advertiser: NH HEALTHCARE ASSOCIATION Makegood Policy: Within Contract Dates
 Address: 5 Sheep Davis Road, Suite B
 City: Pembroke State: NH Zip: 03275
 Phone: (360) 791-3979
 Product Name: AUGUST 1
 Comp. Code: Political
 Sec. Comp.: Insurance

No	DATES		Alt wks	TIMES		LEN	DISTRIBUTION							RATE	TOTALS		PTY		
	START	END		START	END		M	T	W	T	F	SA	SU		Per Wk	D/W		SPOTS	\$\$
1	8/01/21	8/01/21		6:00 AM	12:00 AM	30							14	14	D	68.00	14	952.00	5

Billing Projections: By Month

Aug 21
 CA 952.00
 ST 952.00

Print Spot Prices

Thank you for your business!

Notes to Traffic: APPROVED IN LL ABSENCE - LD

TOTAL SPOTS _____ 14
 GROSS TOTAL \$ _____ 952.00
 ADJUSTED SPOTS _____ 14
 ADJUSTED TOTAL \$ _____ 952.00

APPROVE DECLINE

- General Manager
- 2595Idam, 07/30/21 @9:31AM
- Local Sales Manager
- Business Manager

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, Brendan Williams, hereby request station time as follows: See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

Check one:

- Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level.
- Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue).

ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Station time requested by: New Hampshire Health Care Assoc. / Brendan Williams
 Agency name: "
 Address: 5 Sheep Davis Rd., Ste B Pembroke, NH 03275
 Contact: Brendan Williams Phone number: (603) 226-4900 Email: bwilliams@nhhca.org

Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad):

Name: Same as above

Address:

Contact:

Phone number:

Email:

Station is authorized to announce the time as paid for by such person or entity.

List ALL chief executive officers, members of the executive committee and the board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.):

Brendan Williams, President/CEO Steve Pazulski, Treasurer
Luanne Rogers, Chair Kathryn Kindopp, Secretary
Lori McIntire, Vice Chair Patricia Ramsey, Immediate Past Chair
Brian Newman - Michael Palmieri - Beth Skafnis - Cathy Gray - Jeanne Sanders
 By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s). Carolyn Moran - Tom Argye

If ad refers to a federal candidate(s) or federal election, list ALL of the following: (N/A)

Name(s) of every candidate referred to:



Office(s) sought by such candidate(s) (no acronyms or abbreviations):

Date of election:

Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary: (N/A)

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

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.

Advertiser/Sponsor New Hampshire Health Care Assoc.	Station Representative
Signature: 	Signature: 
Name: Brendan Williams	Name: Lucy Lange
Date of Request to Purchase Ad Time: 7/30/21	Date of Station Agreement to Sell Time: 7/30/21

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received. 7/29 5:26pm

Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy).

If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.

Disposition:

<input checked="" type="checkbox"/>	Accepted
<input type="checkbox"/>	Accepted IN PART (e.g., ad not received to determine content)*
<input type="checkbox"/>	Rejected — provide reason:

_____ partially accepted form, then promptly upload updated final form when complete.

*Upload

Date and nature of follow-ups, if any:

Contract #: <u>7135434</u>	Station Call Letters: <u>WZLW-FM</u>	Date Received/Requested: <u>7/30/21</u>
Est. <u>—</u>	Station Location: <u>Manchester, NH</u>	Run Start and End Dates: <u>8/1/21 only</u>
For national issue ads only (not required for state/local issue ads):		

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.