

Broadcast Contract

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

Start Date 02/07/21	Contract# 7134560	Mod# 0
End Date 02/07/21	Date Entered 02/04/21	Date Last Modified 02/04/21
Advertiser NH HEALTHCARE ASSOCI		Station Market WZID-FM
Product FUNDING		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 02/07/21	SU 02/07/21	06:00A-07:00P	30	--	--	--	--	--	--	10	10	\$88.00

-----Additional Comments-----	Total Spots	Spots Total\$	Net	Gross
	10	880.00	\$ 880.00	\$ 880.00

Thank you for your business!
Billing Projections: By Month

	Feb 21
CA	880.00
ST	880.00

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

Accepted for Station

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

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

 Name Title
 Page 1

Sales Order

Station: **WZID-FM** Buyer: _____
 Contract Name: **2021NHHCAFEB7ZID** Tax Schedule: _____ (None)
 Contract#: **7134560** Agency Commission %: **0**
 Start Date: **2/07/21** End Date: **2/07/21** 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: **FUNDING**
 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	2/07/21	2/07/21		6:00 AM	7:00 PM	30							10	10	D	88.00	10	880.00	4

Billing Projections: By Month

	Feb 21
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Print Spot Prices

Thank you for your business!

TOTAL SPOTS **10**
 GROSS TOTAL \$ **880.00**
 ADJUSTED SPOTS **10**
 ADJUSTED TOTAL \$ **880.00**

APPROVE DECLINE

- 200008LLange, 02/04/21 @2:34PM
- Traffic Manager
- 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 Knudoff, Secretary
Lori McIntire, Vice Chair Padraic Ramsey, Immediate Past Chair
Brian Newman - Michael Palmieri - Beth Skafins - 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 Angve

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: <u>NHTCA</u>	Station Representative
Signature: 	Signature: <u>Lucy Lange</u>
Name: <u>Brendan Williams</u>	Name: <u>Lucy Lange</u>
Date of Request to Purchase Ad Time: <u>2/4/21</u>	Date of Station Agreement to Sell Time: <u>2/4/21</u>

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received: 2/4/21

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:

Accepted
 Accepted IN PART (e.g., ad not received to determine content)*
 Rejected – provide reason:

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

Date and nature of follow-ups, if any:

Contract #: <u>7134560</u>	Station Call Letters: <u>WZLW-FM</u>	Date Received/Requested: <u>2/4/21</u>
Est. #: <u>—</u>	Station Location: <u>Manchester, NH</u>	Run Start and End Dates: <u>2/7 - 2/7/21</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.