Surgical Care Coalition

From Skip Quast Phone (202) 895-5043

10/21/2021 4:56 PM

Flight Dates: 11/01/2021 - 11/07/2021 Demo P 25+

Radio Market: WASHINGTON, DC Survey: SEP21 / AUG21 / JUL21 / JUN21 / MAY21 / APR21

Geography: Metro

			One Week Total		Option #1 - Drivetir	MACE!	Radio Total	
	,				Option #1 - Drivetime only - 1 wk (11/01)			
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			reconstruction of the second					
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The first demo listed is the Primary Demo,
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Surgical Care Coalition

From Skip Üliast Phone (202) 855-5043

10/21/2021 4:56 PM

Schedule Grand Totals: 1 Week

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69 LSS \$57.68

Accepted by Stallon Dale 10.22.2

This station does not discriminate in the sale of adventising time and will accept no adventising which is placed with an intent to discriminate on the basis of race, gender or ethnicity. Adventiser hereby certifies that if is not buying broadcasting air, time under this adventising sales contract for a discriminatory purpose, including but not limited to decisions not to place adventising on particular stations on the basis of race, gender, national origin or ancestry.

This report was created in TAPSCAN using the following Rodio information: WASHINGTON/ DC. SEP21/AUS21/JUL21/JUN21/MAY21/APR21/FEEX1/JAN21/Metro, Multiple Departs Used: P254 See Detailed Sourcing Page for Complete Details

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ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, Chad Schmidt	, hereby request station time	hereby request station time as follows: See Order for proposed				
schedule and charges. See	Invoice for actual schedule and cha	arges.				
Check one:						
(1) a legally qualified car issue of public importance	essage relating to any political matter of na ndidate for federal office; (2) an election to te (e.g., health care legislation, IRS tax code, a r discussion at the national level.	federal office; (3) a national legislative				
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ALL	QUESTIONS/BLOCKS MUST BE	COMPLETED				
Station time requested by: Chad	Schmidt					
Agency name: Brunswick Group		and the second s				
Address: 600 Massachusetts Ave N	W Suite 350, Washington, DC 20001					
Contact: Chad Schmidt	Phone number: 9176241436	Email: cschmidt@brunswickgroup.com				
Name of advertiser/sponsor (list committees) with no acronyms; n	entity's full legal name as disclosed to the ame must match the sponsorship ID in ad	Federal Election Commission [for federal)):				
Name: Surgical Care Coalition						
Address: 633 N Saint Clair Street, C	hicago, IL 60611-3295					
Contact: Christian Shalgian	Phone number: 312-202-5000	Email: postmaster@facs.org				
Station is authorized to announce	${f e}$ the time as paid for by such person or ${f e}$	entity:				
List ALL of the chief executive off group(s) of the advertiser/sponso	icers or members of the executive comm ir (Use separate page if necessary.):	ittee or board of directors or other governing				
	or represents that those listed above are the directors or other governing group(s).	ne only executive officers, members of the				
If ad refers to a federal candidate	e(s) or federal election, list ALL of the follo	owing: N/A				
Name(s) of every candidate refer	red to:					
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Clearly identify EVERY political mad (no acronyms); use separate p Cuts to Medicare	natter of national importance referred to age if necessary:	in the 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. Station Representative Advertiser/Sponsor Signature: Signature: Name Wichael Veenlasky, Pagnet Name: Date of Station Agreement to Sell Time: 10/22/202 Date of Request to Purchase Ad Time: 10.22.21 TO BE COMPLETED BY STATION ONLY Date ad received: 10/22/2021 Ad submitted to station? 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 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 inquity 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 (optional): *Upload partially accepted form, then promptly upload updated final form when complete. Date and nature of follow-ups, if any: Contract #: 5259) Date Received/Requested: Station Call Letters: WTOPWWWTWITLP 10/22/2021

For national issue ads only (not required for state/local issue ads):

Est. #:

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

Station Location:

Washington DC

Run Start and End Dates:

11/2-7,2021