ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

Christine Killian (Amplify Media)	, hereby request station time as fo	ollows: See Order for proposed		
schedule and charges. See Invo	pice for actual schedule and charges	5.		
Check one:				
(1) a legally qualified candidate	e relating to any political matter of national e for federal office; (2) an election to feder , health care legislation, IRS tax code, etc.); ussion at the national level.	al office; (3) a national legislative		
Ad does NOT communicate a only to a state or local issue).	message relating to any political matter o	f national importance (e.g., relates		
ALL QUE	ESTIONS/BLOCKS MUST BE COI	MPLETED		
Station time requested by: AB PAC				
Agency name: Amplify Media				
Address: PO Box 6, Franklin Park, IL 60131				
Contact: Christine Killian	Phone number: 773-297-4544	Email: christine.killian@amplifymediastrategy.com		
Name of advertiser/sponsor (list entity's committees] with no acronyms; name management Name: AB PAC Name: Address: 800 Maine Avenue, SW, Suite 400		eral Election Commission [for federal		
Address: Trish Boyle		Email: compliance@americanbridge.org		
	Phone number: ⁽²⁰²⁾ 747-2060 ime as paid for by such person or entity.			
List ALL chief executive officers, member	ers of the executive committee and the lonsor (Use separate page if necessary.):			
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).				
If ad refers to a federal candidate(s) or t	federal election, list ALL of the following	: N/A		
Name(s) of every candidate referred to	Joe Biden, Donald Trump			
Office(s) sought by such candidate(s) (n	o acronyms or abbreviations):			
Date of election:				
Clearly identify EVERY political matter ad (no acronyms); use separate page if Abortion	of national importance referred to in the 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 AB PAC		Station Representative			
Signature: Christins Killian		Signature: Kaul Bersfeeld			
Name: Christine Killian		Name: Paul Binste			
Date of Request to Purchase Ad Time: (05-13-2024	Date of Station Agreement to Sell Time: 5-30-24			
ТО	BE COMPLETED	D BY STATION ONLY			
Ad submitted to station?	No	Date ad received: 5.30.04	enquine.		
Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy).					
	executive committe	or is listed above, station should ask the advertiser/sponsor see members or directors, maintain records of inquiry and s are provided.	•		
Disposition: Accepted Accepted IN PART (e.g., ad not re Rejected – provide reason:	eceived to determine	e content)*			
*Upload partially accepted form, then promptly upload updated final form when complete.					
Date and nature of follow-ups, if any: See Attached					
Contract #:	Station Call Letters: Broadcash	Midwogtern Date Received/Requested:			
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 i	invoice (or traffic sys	stem print-out) or other material reflecting this transaction			

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.

Confirmation



WTCM-FM PO BOX 472 - 314 E Front Street Traverse City MI 49685 231-947-7675 Contract #
Date Entered
Sales Person
Billing Cycle
Conflict 1
Product
Estimate #
P.O. #
Contract

62476 05/30/24 Paul Binsfeld Broadcast Political AB PAC/ISSUE/6794 6794 37322569 06/04/24 - 06/10/24

AB PAC - AMERICAN BRIDGE PAC (KGS)KC C/O KATZ GROUP SALES 125 WEST 55TH ST - 3RD FLOOR NEW YORK NY 10019

Station	Date Range	Time Range	Len	Schedule	Repeated	Rate	Qty	Total
WTCM-FM	06/04/24-06/10/24	06:00-10:00	01:00	1,1,1,0,1,0,0	All Weeks	62.00	4	248.00
WTCM-FM	06/04/24-06/10/24	10:00-15:00	01:00	1,2,2,2,2,0,0	All Weeks	62.00	9	558.00
WTCM-FM	06/04/24-06/10/24	15:00-19:00	01:00	1,1,1,1,0,0,0	All Weeks	62.00	4	248.00
						Subtotal		1054.00
						Agency Commission		158.10
						Total		895.90

Projected Billing		Count	Gross	Net
June	2024	17	1054.00	895.90
		17	1054.00	895.90

Customer	Sales Person	