Impact Radio, LLC

Please remit to address on invoice.

Contract #
Date Entered
Sales Person
Billing Cycle
Conflict 1
Contract

31023 05/28/2024 Kathy Stiver Calendar Political

06/01/2024 - 06/29/2024

COMMITTEE TO ELECT JASON BINGAMAN FOR SHERIFF

	Station	Date Range	Time Range	Len	Schedule	Repeated	Comment		Rate	Qty	Total
1	WLKM-FM	06/03/2024-06/07/2024	6:00a-7:00p	00:30	4,0,4,0,4,0,0	All Weeks			9.00	12	108.00
2	WLKM-FM	06/11/2024-06/15/2024	6:00a-7:00p	00:30	0,4,0,4,0,4,0	All Weeks			9.00	12	108.00
3	WLKM-FM	06/17/2024-06/21/2024	6:00a-7:00p	00:30	4,0,4,0,4,0,0	All Weeks			9.00	12	108.00
4	WLKM-FM	06/25/2024-06/29/2024	6:00a-7:00p	00:30	0,4,0,4,0,3,0	All Weeks			9.00	11	99.00
5	WRCI-	06/01/2024-06/01/2024	6:00a-7:00p	00:30	0,0,0,0,0,3,0	All Weeks			9.00	3	27.00
6	WRCI-	06/03/2024-06/07/2024	6:00a-7:00p	00:30	4,0,4,0,4,0,0	All Weeks			9.00	12	108.00
7	WRCI-	06/11/2024-06/15/2024	6:00a-7:00p	00:30	0,4,0,4,0,2,0	All Weeks			9.00	10	90.00
8	WRCI-	06/17/2024-06/21/2024	6:00a-7:00p	00:30	4,0,4,0,4,0,0	All Weeks			9.00	12	108.00
9	WRCI-	06/25/2024-06/29/2024	6:00a-7:00p	00:30	0,4,0,4,0,2,0	All Weeks			9.00	10	90.00
		***************************************					Total				846.00
Station Summary Count Gross								Net			
WLKM-FM							47	423	3.00	423.00	
WR	WRCI-FM/AM 47 423.00							423.00			

Projected Billing		Count	Gross	Net
June	2024	94	846.00	846.00
	1	94	846.00	846.00

CANDIDATE ADVERTISEMENT AGREEMENT FORM

See Order for proposed schedule and charges. See Invoice for actual schedule and charges.						
1, SASON SINGAMAN	, hereby request station time as follows:					
, 						
I IDENTIFY CANDIDATE TYPE	RAL CANDIDATE					
STAT	E OR LOCAL CANDIDATE					
ALL OUESTIONS/BLOCK	S MUST BE COMPLETED					
Candidate name:	SIMOSI BE COMISERED					
JASON BINGAMAN						
Authorized committee:						
Committoo TO GROST SA	SON BINGAMAN FOR CHIEFTI					
Agency requesting time (and contact information):	v v					
N/A						
Candidate's political party:						
Office sought (no personance on all level in time)						
SHOR	CFF - ST. DOSAM COUNTY					
Pate of election: General Primary						
reasurer of candidate's authorized committee:						
ERIN NOWAK						
The undersigned represents that:						
1) the payment for the broadcast time requested has been fur	nished by (check one box below):					
the candidate listed above who is a legally qualified candidate, or						
the authorized committee of the legally qualified candidate listed above;						
2) this station is authorized to announce the time as paid for by such person or entity; and						
3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices (not applicable to federal candidates).						
THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISC N THE PLACEMENT OF ADVERTISING.	RIMINATION ON THE BASIS OF RACE OR ETHNICITY					
Candidate/Committee/Agency	Station Representative					
ignature:	Signature: (Mristie Ruese) Name: Christie Ruesink					
Name: JAXIN BINGAMAN	Name: Christil Ruesink					
Date of Request to Purchase Ad Time: 05/28/24	Date of Station Agreement to Sell Time: 05/28/24					

Federal Candidate Certification: The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.							
Candidate/Authorized Committee/Agency							
Signature:							
The second of th	Province and the contract of t	e y manager en e					
Name:	ente statutului uluniminent i yandyanga (in an sung und su						
Date:		Among the state of					
TO BE COMPLETED BY STATION ONLY							
Ad submitted to Station? Yes Date ad received: 05 28 24							
Note: Must have separate PB-19 Form	ns for each version of the ad (i.e., for e	every ad with differing copy).					
Federal candidate certification signed (ab	pove): Yes No	T- NI/A					
s en entre son em mener mener mener en	pove); Yes No	N/A					
Disposition:							
Accepted							
(*************************************	not yet received to determine sponsor ID)	y*					
Rejected – provide reason:							
The second secon	er terrete en						
*Upload partially accepted form, then pro	omptly upload updated final form when co	mplete.					
Date and nature of follow-ups, if any (e.g.	., insufficient sponsor ID tag):						
, , , , , , , , , , , , , , , , , , , ,							
Contract #:	Station Call Letters: WLKM キいRC1	Date Received/Requested:					
Est. #:	Station Location: Three Rivers, MI	Run Start and End Dates: 06/01/24 - 06/29/24					
Upload order, this form and invoice (or traffic system print-out) or other documents 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 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.							