ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

1, Brittany G	omins	_, hereby requ	est station tim	ne as follows: Se	ee Order for	proposed
schedule and charge	es. See Invo	ice for actual s	chedule and c	harges.		
Check one:						
(1) a legally quali issue of public im subject of contro	ified candidate aportance (e.g., oversy or discu	e for federal office health care legisla ssion at the nation	e; (2) an election t ation, IRS tax code nal level.	national importanc to federal office; (3) e, etc.); or (4) a polit natter of national in) a national leg tical issue that i	is the
only to a state of	r local issue).	message relating	to any pontican	ratter of riadorial i		
	ALL QUE	STIONS/BLO	CKS MUST B	E COMPLETE	D	
Station time requested by	· Brittar	in Comins				
Agency name: Amolif	1.1					
Address: 735 N. Contact: By Hany Co	ongress S mins	t. Jackson Phone number:	n, MS 39 703-789-6	202 598 Email: b	rittanya	meetamplifi
Name of advertiser/spons committees] with no acror	or (list entity's	full legal name	as disclosed to t	he Federal Electio	n Commission	[for federal
Name: US House	of Repre	sentativ	25	ESPS AND THE ASS SHARED SPRINGED AND THE ASS ASS ASS ASS AS ASSESSED.		Character And School a
Address:	And the second s	, and the same of				
Contact:				230 Email: P	ence hou	se.gov
Station is authorized to ar List ALL of the chief execu						
group(s) of the advertiser/ By signing below, advertise executive committee and b	er/sponsor repr poard of direct	resents that those ors or other gove	e listed above are rning group(s).		e officers, mem	abers of the
If ad refers to a federal ca	ndidate(s) or t	federal election,	list ALL of the fo	illowing:] IVA
Name(s) of every candida	te referred to	: Congres	sman Gr	reg Pence	the sub-long-register shifts the same strengther through the state of the same state of the same strengther state of the same state of the	
Office(s) sought by such c	andidate(s) (n	o acronyms or a	bbreviations):			
Date of election:	ACCOUNTS OF THE PARTY OF THE PA	almost i v more estel mer estelleren elektron france i type in lederi el				
Clearly identify EVERY po ad (no acronyms); use sep	arate page if	of national impo necessary:	rtance referred	to 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.

Advertiser/Sponsor		Station Representative
Signature: See ema	el attached	Signature: Michelle & Bottomley Name: Michelle Bottomley
Date of Request to Purchase A	d Time: 5/8/2020	Date of Station Agreement to Sell Time: 5/12/2020
		D BY STATION ONLY
Ad submitted to station?	Yes No	Date ad received: 5 12 2020
Note: Must have separate PB-19 for	ms (or the equivalent, e.g., adde	ndums) for each version of the ad (i.e., for every ad with differing copy).
If only one officer, executive co in writing if there are any other update this form if additional of	officers, executive commit	or is listed above, station should ask the advertiser/sponsor tee members or directors, maintain records of inquiry and rs are provided.
Disposition: Accepted Accepted IN PART (e.g. Rejected – provide reas	, ad not received to determin on (optional):	e content)*
*Upload partially accepted form	, then promptly upload upda	ted final form when complete.
Date and nature of follow-ups,	if any:	
Contract #:	Station Call Letters WIFE	Date Received/Requested:
Est. #:	Station Location:	Run Start and End Dates: 5 13 20 - 5 22 20
For national issue ads only (n	ot required for state/local	ssue 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.



Rate Card

Brittany Comins brittany@meetamplify.com
To: Michelle Bottomley brittany@meetamplify.com

Tue, May 19, 2020 at 1:31 PM

Because this is being done through the congressional office (and is in no way a campaign communication), we have not signed the paperwork.

[Quoted text hidden]
[Quoted text hidden]
Amplify.RTF



Michelle Bottomley <mlbott32@gmail.com>

Rate Card

Michelle Bottomley <michelle@wifefm.com>
To: Brittany Comins

To: Brittany@meetamplify.com>

Tue, May 19, 2020 at 11:40 AM

Hi Brittany,
Attached is the confirmation order you requested.
Could you please provide an update on the paperwork I need?
Thank you.
[Quoted text hidden]
[Quoted text hidden]













Date	5/1	2/2	DO New	Client_		ercia		vice oi	Ch			t Apply			
Jaics	Salesperson						New Order Flight#								
	Client Name Amplify Client Product						Additional Order Revised Order Cancels Previous Order								
	ncy Nam		(A)	2.000	CI					ous (oraer _			10	
	Address 135 N. Corrayess St. Jackson, NS 39202 Contact Name Brittany Comins						Trade Order Other Political - Issue Ad								
Cont							/	Fst# /	Sponso	rshi	D 146	20. 5	rea yes	ace	
	Phone # (703) 789 - 10598							Packag	e Name	e	COV	id-1	9 wer	site	
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Spec	ial Instr	uction	s												
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WL	PKAM										100				
WK	BV AM														
WF	MG FM	1.00													
WZ	ZZY FM														
					13.7										
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			WKBV	AM		Mon	thiv	Station	Billing	To	tals				
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											200	UVV	ull		

ORDER CONFIRMATION

WLPK AM-FM/WIFEFM P.O. Box 619 Connersville, Indiana 47331 765-825-6411 or 765-932-3983

05/19/20

Rep. Greg Pence

AMP735

Brittany Comins Amplify

735 N Congress Street Jackson, MS 39202

Order #: 118596

Acct Exec: Michelle Bottomley
Start Date: 05/13/20
Amount: \$168.00 Billing: CAL

Start	End	Times			(Comm	ercia	ls / Da	ay			Total	Total
Item Date	Date	From -	То	Mo	Tu	We	Th	Fr	Sa	Su	Rate	Spots	Cost
01 05/13/20		06:00A	10:00A			3		2	0	0	21.00	8	168.00
Cart - 6	584 Ler	ngth - 60	Statio	ns: W	IFE-F	-M							
02 05/22/20	05/14/20	06:00A	10:00A	0	0	0	0	0	0	0	21.00	0	0.00
Cart - 6	584 Ler 05/15/20	ngth - 60	Statio	ons: W	IFE-F	-M						8	168.00

BILLING PROJECTIONS Gross 168.00 May 20

Accepted for Station(s)	Accepted for
Advortiser	

Invoice 043397

WLPK AM-FM/WIFEFM P.O. Box 619 Connersville, Indiana 47331 765-825-6411 or 765-932-3983

AMP735

Brittany Comins

Amplify

735 N Congress Street Jackson, MS 39202

Invoice Date: 05/31/20

Account Exec: Michelle Bottomley

Page: 1

LOOK TO WLPK AND WIFE FOR ALL YOUR ADVETISING NEEDS!

WIFE-FM		07:20A	08:40A	09:50A	06:00A-10:00A	8	@ 21.00	168.00
WIFE-FM	05/14/20 05/15/20	07:50A 07:20A	08:50A 08:50A	09:50A				

INVOICE BALANCE

168.00

I certify that the above units were alrea within ten minutes of the timesalist signed 1st day of June 2000 1st day of June, 2020.
In testimony whereof I have set my Hand and Seal the day and year at the said Notary My commission expires September 20, 2025. Notary Public_Rebeccase Hyrseate Fayette Co., IN

MOTAL DUE

168.00