



103.1 FM
 106 South West St.
 West Union, Ohio 45693
 1-800-328-9722

AGREEMENT FORM FOR POLITICAL BROADCASTS

I, Mary Jane Campbell (being) _____ (on behalf of)
Adams County Supporting Health Care a legally qualified candidate (of the
N/A political party) for the office of
Tax Levy in the election to be held on 11/3/15

do hereby request station time as follows:

Length of Broadcast	Time of Broadcast	Date	Class of Time (Drive Time or Adjacency)	Times Per Week	Part of Package	Total No. of Weeks	Rate
:30	6A-7P	10/1-10/3/15	ROS	9	NO	1	7.50
:30	"	10/5-10/3/15	"	18	NO	4	"
:30	"	11/2-11/3/15	"	6	NO	1	"

Date of First Broadcast: 10/1/15 Date of Last Broadcast: 11/3/15

The broadcast time will be used by Adams County Supporting Health Care
 (Name of Candidate or Spokesperson)

I represent that advance payment for the above-described political broadcast time has been furnished by Mary Jane Campbell and you are authorized to so describe the sponsor in your log, or otherwise, and to announce the program as paid for by such person(s). The officers, board of directors (if applicable) of the sponsor are:



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do hereby request station time as follows:

Duration of Matching Ads

Length of Broadcast	Time of Broadcast	Date	Class of Time (Drive time or Adjacency)	Times Per Week	Part of Package	Total No. of Weeks	Rate
:30	6A-7P	10/1-10/3/15	ROS	9	NO	1	0
:30	"	10/5-10/31/15	"	18	NO	4	0
:30	"	11/2-11/3/15	"	6	NO	1	0

Date of First Broadcast: 10/1/15 Date of Last Broadcast: 11/3/15

The broadcast time will be used by Adams County Supporting Health Care
 (Name of Candidate or Spokesperson)

I represent that advance payment for the above-described political broadcast time has been furnished by Mary Jane Campbell and you are authorized to so describe the sponsor in your log, or otherwise, and to announce the program as paid for by such person(s). The officers, board of directors (if applicable) of the sponsor are:

C103 Country

114 S. MANCHESTER AVE.
WEST UNION, OH 45693
PH: 937-544-9722
FAX: 544-5523 800-326-9722

C-391

discriminate in the sale of advertising time, we will accept no advertising which is placed with intent to discriminate on the basis of race or ethnicity. Advertiser hereby represents and warrants that it is not purchasing broadcast air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race or ethnicity.

BROADCAST CONTRACT

ADVERTISER Adams Co Supporting
DBA Health Care Close To Home

ADDRESS 307 N. Market St
West Union, OH 45693

CONTACT Mary Jane Campbell

PHONE 937-779-6188

Event or Product R.O.S.

DATE 9-16-15

START DATE 10-1-15

END DATE 10-24-15

60 _____ 30 X

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			10-1 3	3	3	
10-5 3	3	3	3	3	3	
10-12 3	3	3	3	3	3	
10-19 3	3	3	3	3	10-24 3	

ADDITIONAL INFORMATION

CO-OP
Affidavit Script

63 - 30 second spots

Exact Time

Drive Time

Copy of Contract given to billing

Ad in Production Yes No

Customer needs to hear Ad Yes No

Per Ad Cost \$ 7.50
Total Contract Cost \$ 472.50

This Contract is subject to all Federal, State and Municipal laws and regulations now in force, or which may be enacted in the future.

Ken Smith
ACCOUNT EXECUTIVE

Mary Jane Campbell
ADVERTISER



114 S. MANCHESTER AVE. *PO Box 103*
 WEST UNION, OH 45693
 PH: 937-544-9722
 FAX: 544-5523 800-326-9722

discriminate in the sale of advertising time, and will accept no advertising which is placed with intent to discriminate on the basis of race or ethnicity. Advertiser hereby represents and warrants that it is not purchasing broadcast air time under this advertising sales contract for a discriminatory purpose, including but not limited to decisions not to place advertising on particular stations on the basis of race or ethnicity.

BROADCAST CONTRACT

ADVERTISER *Adams Co. Supporting Health*
 DBA *Care close to Home*

ADDRESS _____

DATE *9-16-15*

CONTACT _____

START DATE *10-26-15*

PHONE _____

END DATE *11-3-15*

Event or Product *R.O.S.*

60 _____

30

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>10-26</i> 3	3	3	3	3	<i>10-31</i> 3	
<i>11-2</i> 3	<i>11-3</i> 3					

ADDITIONAL INFORMATION

CO-OP
 Affidavit Script

24-30 second spots

Exact Time

Drive Time

Copy of Contract given to billing

Ad in Production Yes No

Customer needs to hear Ad Yes No

Per Ad Cost \$ *7.50*
 Total Contract Cost \$ *180.00*

This Contract is subject to all Federal, State and Municipal laws and regulations now in force, or which may be enacted in the future.

Ken Smith

ACCOUNT EXECUTIVE

Mary Jane [Signature]

ADVERTISER

DreamCatcher Communications, Inc.
 WRAC 103.1 FM and www.C103.fm
 PO BOX 103
 West Union, Ohio 45693
 Tel: 937-544-9722 Fax: 937-544-5523

C103 Order Confirmation

OrderID: 0745-001

Sponsor: Adams Co Supporting Health Care Close To Home
 Product: Adams Co Supporting Health Care Close To Home
 Estimate/PO:
 AccountRep: Ken Smith
 BillingCycle: Broadcast Month
 InvoiceType: Detail Notarized Affidavit
 Run Dates: 10/1/2015 - 11/3/2015
 Items Ordered: 174
 Gross Amount: 652.50
 Discounts: 0.00
 Agency Commission: 0.00
 Net Amount: 652.50

ADAMS CO SUPPORTING HEALTH CARE CLOSE
 307 N. MARKET ST.
 WEST UNION, OHIO 45693

Scheduled Station(s): C103 Adams Co Supporting Health Care Close To Home

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Run Dates	Run Weeks	Run Times	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week Total	Length	Description	Avail Type	Copy ID	Qty	Item Cost	Total Cost
01 10/1/2015 - 11/3/2015	All Weeks	06:00 AM - 07:00 PM	3	3	3	3	3	3	3	18	:30	Spot		C-391	87	7.50	652.50
02 10/1/2015 - 11/3/2015	All Weeks	06:00 AM - 07:00 PM	3	3	3	3	3	3	3	18	:30	Donation		C-391	87	0.00	0.00

Broadcast Month Projected Billing:

Oct-15	472.50	Nov-15	180.00	Dec-15	0.00	Q4-2015	652.50
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Confirmed Correct; Payment Guaranteed

Accepted for C103