AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location:	**Date:**
WHP	03/07/2013

I, Coalition for Medicare Choice
do hereby request station time concerning the following issue:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
30 sec.		03/12 — 03/14			

Total Charges: $ 15,725.00 / $ 13,364.25

This broadcast time will be used by: Coalition for Medicare Choice

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"

☐ Yes ☐ No

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For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

Coalition for Medicare Choice
CEO Karen Ignani

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ **a corporation;** ☐ **a committee;** ☑ **an association;** ☐ **or other unincorporated group.**

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). **For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.**

TO BE SIGNED BY ISSUE ADVERTISER

3/5/13		301-879-0010
Date	Signature	Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☑ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

	Stuart Brenner	NSM
Signature	Printed Name	Title

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