

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b> KFSN-TV Fresno	<b>Date:</b> 7/3
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I, Cindy Winton on behalf of GCW Media Services  
do hereby request station time concerning the following issue:

Californians Against Higher Health Care Costs (NO on Prop 45)
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Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

This broadcast time will be used by: Californians Against Higher Health Care Costs (NO on Prop 45)

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT  
DOES NOT "COMMUNICATE A POLITICAL MATTER OF NATIONAL  
IMPORTANCE"**

I represent that the payment for the above described broadcast time has been furnished by (name and address):

Californians Against Higher Health Care Costs  
455 Capital Mall, Suite 600  
Sacramento, CA 95814

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

Pat Johnston - Chair  
Thomas Hiltachik, Treasurer



***Californians Against Higher Health  
Care Costs  
(No on Prop 45)***

***455 Capital Mall, Suite 600  
Sacramento, CA 95814***

***P: (916) 442-7757***

***[www.stophighercosts.com](http://www.stophighercosts.com)***

***Pat Johnston, Chair  
Thomas Hiltachk, Treasurer***