

Agreement Form For Non-Candidate / Issues Advertisements

Station and Location: KCLQ - LEBANON (CITY OF LICENSE)

Date: May 16, 2008

I, JENNIFER POWELL

hereby request station time follows:

| Date of Broadcast | Class of Time | Time of Day, Rotation or Package | Length | Rate |
|--------------------------------------|-----------------|----------------------------------|-----------------|-------------------|
| <u>6/4/18 - 8/6/18 (MONDAYS)</u> | <u>PM-DRIVE</u> | <u>4:30 PM / MONDAYS</u> | <u>:10 each</u> | <u>\$100 each</u> |

This airtime will be used by: WES POWELL FOR STATE REPRESENTATIVE

This airtime will be used to address the following issue(s):

Does this programming (in whole or in part) communicate "a message relating to any political matter of national importance," including a legally qualified candidate, any election to Federal office or a national legislative issue? Yes No

If the answer to the foregoing question is "yes," then a copy of this completed request must be retained by this station and made publicly available.

I verify that payment for the above described broadcast time has been provided by:

JENNIFER POWELL

If the payor for this broadcast time is any entity other than an individual person, below are the names, addresses, and offices of the chief executive officers or members of the executive committee or members of the board of directors of that entity. (A separate list may be attached if necessary or more convenient.)

JENNIFER POWELL / DIRECT PRIMARY CARE CLINICS
2162 Garman Hollow Rd
Stoutland MO 65567

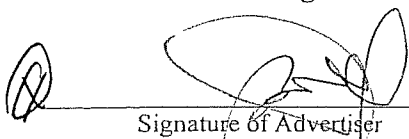
If the undersigned is not the appropriate contact person for the advertiser, please provide the name, address and phone number for such contact person:

The advertiser agrees to indemnify and hold the station harmless for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the requested announcement(s).

For each of the above-listed announcement(s), the advertiser agrees to deliver an accurate script, transcript, or tape to the station at least _____ hours before the scheduled time of the first broadcast.

All announcements to be broadcast over radio are to contain an audio statement as follows: "[Name of advertiser] is responsible for the content of this advertising." If televised, the statement must be conveyed by an unobscured, full-screen view of a representative of the advertiser making the statement, or by a representative in voice-over, and also must appear in a clearly readable manner with a reasonable degree of color contrast between the background and the printed statement, for a period of at least four seconds.

Issue Advertiser Signature:


Signature of Advertiser

6/1/18
Date


(573) 933-0872
Phone Number

2162 Garman Hollow Rd, Stoutland MO 65567
Address

If not an individual, specify relationship of signatory to the advertiser

Station Representative Signature:

Accepted Rejected Accepted in part [specify portions accepted]:


Signature

DAN CASWELL
Printed Name and Title

5/16/2018
Date