

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location: <u>KTUU - Anchorage</u>	Date: <u>6/23/17</u>
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I, Lauren Zaniewski

do hereby request station time concerning the following issue:

<u>Coalition to Protect America's Health Care (CPAH)</u>
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Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
		6/26 6/29			
		as ordered			
		\$ 14,900 gross			

This broadcast time will be used by: Coalition to Protect America's Health Care (CPAH)

THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT
"COMMUNICATES A POLITICAL MATTER OF NATIONAL IMPORTANCE."
FOR ALL OTHER ISSUE ADS, PLEASE GO TO PAGE 3.

Programming that "communicates a political matter of national importance" includes (1) references to legally qualified candidates (presidential, vice presidential or congressional); (2) any election to Federal office (e.g., any references to "our next senator", "our person in Washington" or "the President"); and (3) a national legislative issue of public importance (e.g., Affordable Care Act, revising the IRS tax code, federal gun control or any federal legislation).

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"
☒ Yes ☐ No

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 offices being sought, the date(s) of the election(s) and/or the issue to which the communication refers (if applicable):

Health Care

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

Coalition to Protect America's Health Care (CPAH)
800 10th St, NW, Suite 400
Washington DC 20001

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):

See Attached

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 5)

TO BE COMPLETED FOR ALL ISSUE ADVERTISEMENTS

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

The Sponsor agrees 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), the sponsor also agrees 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 (SPONSOR)

6/5/17 *Etta Fielke* 202-626-2358
Date Signature Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☒ Accepted ☐ Accepted in Part ☐ Rejected
Doris Tronstad Doris Tronstad NSM
Signature Printed Name Title

COALITION TO PROTECT
AMERICA'S
 HEALTH CARE

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Client Information Form
ISSUE 2017

Advertiser Group Name: Coalition to Protect America's Health Care

Address: 800 10th St., NW, Suite 400

City, State & Zip Code: Washington, DC 20001

Phone: (202) 626-2358

Website URL: www.protecthealthcare.org

Executive Director/President: Etta Fielek

Other Members of Executive
Committee or Board of Directors:
(list all that are applicable)

See attachment

Group Treasurer:

Please complete all sections of this form. Media outlets may not accept advertising if required information is omitted.