

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b>	<b>Date:</b> 3/11/2020
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I, Targeted Platform Media, LLC

do hereby request station time concerning the following issue:

Safe Surgery Arkansas
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Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
		AS	ORDERED		

This broadcast time will be used by: Safe Surgery Arkansas

**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):

N/A

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

N/A

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):

N/A

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

**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):

400 W. Capitol Ave., Suite 2910  
Little Rock, AR 72201  
501-251-1587

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):

Laurie Barber, M.D., Chair  
Cale Turner, C.P.A., Treasurer

**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)**

3/11/2020

Date \_\_\_\_\_

Signature \_\_\_\_\_

(202)965-5060

Contact Phone Number

**TO BE SIGNED BY STATION REPRESENTATIVE**

**Accepted**

**□ Accepted in Part**

☐ Rejected

Signature

Printed Name

Title