ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, The REACH Healthcare Foundation	_, hereby request station time as fo	llows: See Order for proposed
	ice for actual schedule and charges	
Check one:		
(1) a legally qualified candidate	relating to any political matter of national for federal office; (2) an election to federa health care legislation, IRS tax code, etc.); of ssion at the national level.	l office; (3) a national legislative
Ad does NOT communicate a only to a state or local issue).	message relating to any political matter of	national importance (e.g., relates
ALL QUE	STIONS/BLOCKS MUST BE COM	MPLETED
Station time requested by: GPS Impact		
Agency name: GPS Impact		
Address: 112 SE 4th Street Suite 202, Des I	Moines, IA 50309	
Contact:	Phone number: 515-244-3468	Email: info@gpsimpact.com
Name of advertiser/sponsor (list entity's committees] with no acronyms; name m	full legal name as disclosed to the Fede ust match the sponsorship ID in ad):	ral Election Commission [for federal
Name: The REACH Healthcare Foundation		
Address: 8131 Metcalf Avenue, Suite 200 O	verland Park, KS 66204	
Contact:	Phone number: 913-432-4196	Email: brenda@reachhealth.org
Station is authorized to announce the ti	me as paid for by such person or entity.	
group(s) of the advertiser/sponsor (Use strenda Sharpe, President & CEO Lynette Sparkman-Barnes, Chair Guy Collier, Vice Chair Idermee Jones, Secretary Ilustin Richter, Treasurer	esents that those listed above are the only	
f ad refers to a federal candidate(s) or f	ederal election, list ALL of the following:	√ N/A
Name(s) of every candidate referred to:		
Office(s) sought by such candidate(s) (no	o acronyms or abbreviations):	
Date of election:		
Clearly identify EVERY political matter of ad (no acronyms); use separate page if Expanding Medicarel	of national importance referred to in the necessary: Strengthers ruck h	N/A N/A

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

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor		Station Represent	ative								
Signature: Joun Con		Signature: (Gaz								
Name: Dawn Chiusano		Name: Wes	Good								
Date of Request to Purchase Ad Time:	04-05-24	Date of Station Agr	reement to Sell Time: 4/5/2 \								
то	BE COMPLETED	BY STATION O	NLY								
Ad submitted to station? Yes	No	Date ad received: _	4/5/24								
Note: Must have separate PB-19 form	ns for each version o	of the ad (i.e., for ev	very ad with differing copy).								
If only one officer, executive committee in writing if there are any other officers update this form if additional officers, r	, executive committe	ee members or direct	ion should ask the advertiser/sponsor tors, maintain records of inquiry and								
Disposition: Accepted Accepted IN PART (e.g., ad not received to determine content)* Rejected – provide reason: *Upload partially accepted form, then promptly upload updated final form when complete.											
Date and nature of follow-ups, if any:											
Contract #: 35/155)	Station Call Letters:		Date Received/Requested:								
Est. #: 654	Station Location:	,us	Run Start and End Dates: 4/1/24-4/15/24								
For national issue ads only (not require	red for state/local is	sue ads):									

Upload order, this disclosure form and invoice (or traffic system print-out) or other material reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased (including date, time, class of time and reasons for any make-goods or rebates) or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

, Health Forward Foundation	_, hereby request station time as fo	ollows: See Order for proposed
schedule and charges. See Invo	ice for actual schedule and charges	.
Check one:		
(1) a legally qualified candidate	relating to any political matter of national for federal office; (2) an election to federa health care legislation, IRS tax code, etc.); c ssion at the national level.	al office; (3) a national legislative
Ad does NOT communicate a only to a state or local issue).	message relating to any political matter of	national importance (e.g., relates
ALL QUE	STIONS/BLOCKS MUST BE CON	MPLETED
Station time requested by: GPS Impact		
Agency name: GPS Impact		
Address: 112 SE 4th Street Suite 202, Des	Moines, IA 50309	
Contact:	Phone number: 515-244-3468	Email: info@gpsimpact.com
Name of advertiser/sponsor (list entity's committees] with no acronyms; name m	full legal name as disclosed to the Fede ust match the sponsorship ID in ad):	ral Election Commission [for federal
Name: Health Forward Foundation		
Address: 2300 Main Street, Suite 304 Kansa	as City, MO 64108	
Contact:	Phone number: (816) 241-7006	Email: communications@healthforward.org
Station is authorized to announce the ti	me as paid for by such person or entity.	
group(s) of the advertiser/sponsor (Use Qiana Thomason, President/CEO Brenda Calvin, Chief Operations Officer Christie Briscoe Zarkovich, Chief Administrat Lynette Wheeler, Chair Ored Scott, Vice Chair Kent Hawkins, Treasurer	ive, Financial, and Investment Officer	
By signing below, advertiser/sponsor represecutive committee and board of directors	resents that those listed above are the only ors or other governing group(s).	executive officers, members of the
f ad refers to a federal candidate(s) or f	ederal election, list ALL of the following:	√ N/A
Name(s) of every candidate referred to:		
Office(s) sought by such candidate(s) (n	o acronyms or abbreviations):	
Date of election:		
ad (no acronyms); use separate page if	of national importance referred to in the necessary:	
Expuding Medicaid At	roughers rural hospit	

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

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor		Station Representative								
Signature: Joun Con		Signature: Wes GOOF								
Name: Dawn Chiusano		Name: Des Good								
Date of Request to Purchase Ad Time:	04-05-24	Date of Station Agreement to Sell Time: 4/5/24								
то	BE COMPLETED	D BY STATION ONLY								
Ad submitted to station? Yes	No	Date ad received: 4/5/24								
Note: Must have separate PB-19 form	ns for each version o	of the ad (i.e., for every ad with differing copy).								
	, executive committe	or is listed above, station should ask the advertiser/sponsor ee members or directors, maintain records of inquiry and s are provided.								
Disposition: V Accepted Accepted IN PART (e.g., ad not received to determine content)* Rejected – provide reason:										
*Upload partially accepted form, then promptly upload updated final form when complete. Date and nature of follow-ups, if any:										
Contract #: 3511551	Station Call Letters:	Date Received/Requested:								
Est. #: 654	Station Location: Wichite	Run Start and End Dates:								
For national issue ads only (not requir	ed for state/local is	ssue ads):								

Upload order, this disclosure form and invoice (or traffic system print-out) or other material reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased (including date, time, class of time and reasons for any make-goods or rebates) or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, <u>United Methodist Health Ministry Fund</u>, hereby request station time as follows: See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

scriedale and charges. See inve	nce for actual scriedule and charges	<u>,</u>
Check one:		
(1) a legally qualified candidate	e relating to any political matter of national e for federal office; (2) an election to federa , health care legislation, IRS tax code, etc.); c ussion at the national level.	al office; (3) a national legislative
Ad does NOT communicate a only to a state or local issue).	message relating to any political matter of	national importance (e.g., relates
ALL QUE	STIONS/BLOCKS MUST BE COM	MPLETED
Station time requested by: GPS Impact		
Agency name: GPS Impact		
Address: 112 SE 4th Street Suite 202, Des	Moines, IA 50309	
Contact:	Phone number: 515-244-3468	Email: info@gpsimpact.com
Name of advertiser/sponsor (list entity/scommittees) with no acronyms; name m	s full legal name as disclosed to the Fede nust match the sponsorship ID in ad):	ral Election Commission [for federal
Name: United Methodist Health Ministry Fu	nd	
Address: 100 East First Avenue, PO Box 13	384 Hutchinson, KS 67504	
Contact:	Phone number: 620-662-8586	Email: david@healthfund.org
Station is authorized to announce the t	ime as paid for by such person or entity.	
group(s) of the advertiser/sponsor (Use David Jordan, President Lori Hartnett, Chair Matt Penner, Vice-Chair David Jordan, President Jennifer Clasen, Secretary Lynette Juresic, Treasurer	separate page if necessary.): resents that those listed above are the only	or board of directors or other governing y executive officers, members of the
If ad refers to a federal candidate(s) or	federal election, list ALL of the following	: N/A
Name(s) of every candidate referred to	:	
Office(s) sought by such candidate(s) (n	o acronyms or abbreviations):	
Date of election:		
	of national importance referred to in the necessary: trengthens nurse he	

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

The advertiser/sponsor agrees to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, which may arise from the broadcast of the above-requested advertisement(s). For the above-requested ad(s), the advertiser/sponsor also agrees to prepare a script, transcript or tape, which will be delivered to the station by the log deadlines outlined in the station's disclosure statement.

Advertiser/Sponsor		Station Representative	1							
Signature: Joun Ox		Signature: Wes DOW								
Name: Dawn Chiusano		Name: Wes Good								
Date of Request to Purchase Ad Time:	04-05-24	Date of Station Agreement	to Sell Time: $4/5/24$							
ТО	BE COMPLETED	BY STATION ONLY								
Ad submitted to station? Yes Note: Must have separate PB-19 form		Date ad received:								
If only one officer, executive committee in writing if there are any other officers, update this form if additional officers, n	, executive committe	ee members or directors, ma								
Disposition: Accepted Accepted IN PART (e.g., ad not received to determine content)* Rejected – provide reason: *Upload partially accepted form, then promptly upload updated final form when complete.										
Date and nature of follow-ups, if any:										
Contract #: 3 < 11 5 S /	Station Call Letters: WWCH	Date Ro	eceived/Requested: イクタイ							
Est. #: 654	Station Location: Wichita	Run Sta 4	art and End Dates: / /// 24 - 4//5/24							
For national issue ads only (not requir	ed for state/local is	sue ads):								

Upload order, this disclosure form and invoice (or traffic system print-out) or other material reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased (including date, time, class of time and reasons for any make-goods or rebates) or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.

WOC14613153 [00.00]

Order Printout

75 / 77 / 654

KBSD KBSH KBS KWCH12

KWCH.COM

04/02/24 - 04/15/24 C/P/E:

GPS Impact Product Desc.: Issue

RHF/HFF/UMHMF Estimate Desc.: Reach/Health Forward/United Methodist 4.7-

[N] Adults 50+ (RTG) Dawn Chiusano Received Date: 4/05/24 8:43 AM Total Cost: \$25,760.00 (Cash)

Sales Region: Property: Local KWCH TV Primary Demo:

Comments:

Buyer Order #:

13355368

Unassigned (Wes Good)

Buyer:

Advertiser: Agency:

Traffic Order #:

Order Status:

Opened-New

Start/End Dates:

Paid for by - Reach Healthcare Foundation/Health Forward Foundation/United Methodist Ministrty FundSeparation: 30PopulationBuyType: CPP

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MONTH SPOTS	COST	GRP MONTH	SPOTS	COST	GRP
April 40 \$	\$25,760.00 14	147.80			

ORDER

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KBSD	KBSH	KBSL

Orders	Order / R	lov.	2511551					1244011			
Orders	Alt Order		3511551					KBSD KBSF	l KBSL		
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Advertiser	Name:		RHF/HFF/UMHM	ЛF							
	Demogra	phic:	A50+		New	Business	End:	8 5			
	Product C	Codes:	Issue - National	Adve	ertiser Exte	ernal ID:	630864				
	Revenue	Code 1:	AGY		Age	ncy Externa	al ID:	133411 General			
	Revenue	Code 2:	POL		Unit	Code:					
	Revenue	Code 3:	POL-ISS	Orde	er Separation	on:	00:30:00				
	Priority:		P-03								
Bill Plan					Totals						
Start Date	End Date	# Spots	Gross Amount	Net Amount	Month		# Spots	Gross Amount	Net Amount	Rating	
04/01/24	04/15/24	40	\$25,760.00	\$21,896.00	April 2024		40	\$25,760.00	\$21,896.00	147.80	
					Totals		40	\$25,760.00	\$21,896.00	147.80	
Account Exe		T =									
Account Exec		Sales Office					Order %				
Wesley Good		GN-PA	National	Start Of Orde	er - End Of Oi	der	100%				
MultiChanne	Ì										
Ln Ch	Start En	d Inven	tory Code	Break Start/End	Time Day	s Len	Spots	Rate Pri Rtg 7	Type Spots	Amount	
N 1 All	04/09/24 04/1		ws @ 6a ws @ 6a	CM 5:58 AM-7: (5:58 AM-7:	00 AM 1111: 00 AM)	1 :30	0 5	\$600.00P-03 2.00) NM 5	\$3,000.00	

Ln Ch Start	End	Inventory Code	Break	Start/End [*]	Гime Days	Len S	Spots	Rate Pri	Rtg Type	Spots	Amount
N 1 All 04/09/	24 04/15/24	12 News @ 6a	СМ	5:58 AM-7:0	00 AM 11111	:30	5	\$600.00P-03	2.00 NM	5	\$3,000.00
		12 News @ 6a		(5:58 AM-7:0	00 AM)						
(Program: 12 N	EWS AT 600	AM)							1		
Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Mo-Fr 5:58a-7:00a TIME PERIOD ON KWCH+.											
Start Date	End Date	Weekdays	Spots/Week	Rate	Rating				1		
Week: 04/09/24	04/15/24	11111	5	\$600.00	2.00						
N 2 All 04/02/	24 04/15/24	CBS Mornings	СМ	7:00 AM-9:0	00 AM 1	:30	1	\$600.00P-03	2.10 NM	6	\$3,600.00
		CBS This Morning	g	(7:00 AM-9:0	00 AM)						
(Program: CBS MORNINGS)											
Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Mo-Fr 7:00a-9:00a TIME PERIOD ON KWCH+.											
Start Date	End Date	<u>Weekdays</u>	Spots/Week	<u>Rate</u>	Rating				1		
Week: 04/02/24	04/08/24	1	1	\$600.00	2.10				1		
Week: 04/09/24	04/15/24	11111	5	\$600.00	2.10						
N 3 All 04/02/	24 04/15/24	CBS Price Is Righ	t CM	9:58 AM-11	00 AM1	:30	1	\$600.00P-03	3.60 NM	6	\$3,600.00
Price Is Right (9:58 AM-11:00 AM)											
(Program: THE PRICE IS RIGHT)											
Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Mo-Fr 9:58a-11:00a TIME PERIOD ON KWCH+.											
Start Date	End Date	Weekdays	Spots/Week	Rate	Rating						
Week: 04/02/24	04/08/24	1	1	\$600.00	3.60						
Week: 04/09/24	04/15/24	11111	5	\$600.00	3.60						
N 4 All 04/09/	24 04/12/24	CBS Young and F	Restles@M	11:00 AM-1	2:00 PI-11-1	:30	3	\$550.00P-03	3.50 NM	3	\$1,650.00
Young and the Restless (11:00 AM-12:00 PM)								- 1			
(Program: THE YOUNG & THE RESTLESS)											

Print Date: 04/05/24 16:10:44

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Order / Rev: 3511551 RHF/HFF/UMHMF Alt Order #: WOC14613153 Product Desc: Issue **KWCH** Flight Dates: 04/02/24 - 04/15/24 654 Estimate: MultiChannel Ln Ch Start End Inventory Code Break Start/End Time Days Len Spots Rate Pri Rtg Type Spots Amount Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Mo-Fr 11:00a-12:00p TIME PERIOD ON KWCH+. Spots/Week Start Date **End Date** Weekdays Rate Rating -11-1--Week: 04/08/24 04/14/24 \$550.00 3.50 04/09/24 04/15/24 12:00 PM-12:30 PI11111--N 5 All 12 News @ 12p \$450.00P-03 4.70 NM CM .30 5 \$2,250.00 12 News @ 12p (12:00 PM-12:30 PM) (Program: 12 NEWS AT 1200PM) Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Mo-Fr 12:00p-12:30p TIME PERIOD ON KWCH+. Start Date **End Date** Weekdays Spots/Week Rate Rating Week: 04/09/24 04/15/24 11111--\$450.00 4.70 CBS Let's Make A Deal CM N 6 All 04/02/24 04/15/24 2:00 PM-3:00 PM 1-----:30 \$340.00P-03 3.40 NM \$2,040.00 (2:00 PM-3:00 PM) Let's Make A Deal (Program: LETS MAKE A DEAL) Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Mo-Fr 2:00p-3:00p TIME PERIOD ON KWCH+. Start Date **End Date** Weekdays Spots/Week Rate Rating 04/08/24 Week: 04/02/24 \$340.00 3.40 Week: 04/09/24 11111--5 \$340.00 3.40 04/15/24 04/09/24 04/15/24 12 News @ 6p M-F CM 6:00 PM-6:30 PM 11111--:30 5 \$1,500.00P-02 7.40 NM \$7,500.00 (6:00 PM-6:30 PM) 12 News @ 6p M-F (Program: 12 NEWS AT 600PM) Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Mo-Fr 6:00p-6:30p TIME PERIOD ON KWCH+. Spots/Week Rating Weekdays Start Date **End Date** Rate Week: 04/09/24 04/15/24 11111--5 \$1,500.00 7.40 04/02/24 04/14/24 12 News @ 7a Sun CM 7:00 AM-8:00 AM ----1 :30 \$300.00P-03 1.80 NM \$600.00 12 News @ 7a Sun (7:00 AM-8:00 AM) (Program: 12 NEWS SUN AT 700AM) Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Sun 7:00a-8:00a TIME PERIOD ON KWCH+. Start Date **End Date** Weekdays Spots/Week Rate Rating ----1 Week: 04/02/24 04/08/24 1 \$300.00 1.80 ----1 Week: 04/09/24 04/15/24 1 \$300.00 1.80 04/02/24 04/14/24 CM 8:00 AM-9:30 AM -----1 :30 \$760.00 P-03 4.30 NM \$1,520.00 All **CBS Sunday Morning** (8:00 AM-9:30 AM) **CBS Sunday Morning** (Program: CBS SUNDAY MORNING) Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Sun 8:00a-9:30a TIME PERIOD ON KWCH+. Spots/Week Rating Start Date **End Date** Weekdays Rate Week: 04/02/24 04/08/24 ----1 \$760.00 4.30 ----1 4.30 Week: 04/09/24 04/15/24 \$760.00 1 Totals 40 \$25,760.00

Advertiser: