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	oice for actual schedule and charges	S.
Check one:		
(1) a legally qualified candidate issue of public importance (e.g. subject of controversy or discu	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. message relating to any political matter of	al office; (3) a national legislative or (4) a political issue that is the
ALL QUE	ESTIONS/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):	eral Election Commission [for federal
Name: Health Forward Foundation		
Address: 2300 Main Street, Suite 304 Kans	as City, MO 64108	
Contact:	Phone number: (816) 241-7006	Email: communications@healthforward.org
Station is authorized to announce the t	ime 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 Administra Lynette Wheeler, Chair Dred Scott, Vice Chair Kent Hawkins, Treasurer	ative, Financial, and Investment Officer bresents that those listed above are the only	I
If ad refers to a federal candidate(s) or	federal election, list ALL of the following:	:
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: newytheus rulal 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	$\overline{}$	Signature: Was DOOR									
Name: Dawn Chiusano	×	Name: Des Good									
Date of Request to Purchase Ad Time: (04-05-24	Date of Station Agreement to Sell Time:									
ТО	BE COMPLETED	D BY STATION ONLY									
Ad submitted to station? Yes No Date ad received:											
Note: Must have separate PB-19 form	s for each version o	of the ad (i.e., for every ad with differing copy).									
If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided.											
Disposition: V Accepted Accepted IN PART (e.g., ad not re Rejected – provide reason:	Disposition: Accepted Accepted IN PART (e.g., ad not received to determine content)*										
*Upload partially accepted form, then pro	omptly upload update	ed final form when complete.									
Date and nature of follow-ups, if any:											
Contract #: 3520278	Station Call Letters: WWCH	Date Received/Requested:									
Est. #: 657	Station Location: Wichita	Run Start and End Dates: 4//6 - 4/22/24									
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

, The REACH Healthcare Foundation	_, hereby request station time as fo	llows: See Order for proposed									
schedule and charges. See Invo	ice for actual schedule and charges	•									
Check one:											
Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level. Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates											
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	s full legal name as disclosed to the Fede oust match the sponsorship ID in ad):	ral Election Commission [for federal									
Name: The REACH Healthcare Foundation											
Address: 8131 Metcalf Avenue, Suite 200 C	verland Park, KS 66204										
Contact:	Phone number: 913-432-4196	Email: brenda@reachhealth.org									
Station is authorized to announce the t	me as paid for by such person or entity.										
group(s) of the advertiser/sponsor (Use Brenda Sharpe, President & CEO Lynette Sparkman-Barnes, Chair Guy Collier, Vice Chair Jermee Jones, Secretary Justin Richter, Treasurer											
executive committee and board of direct											
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:											
1 1/	of national importance referred to in the necessary: Strengthers ruck										

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: dlan Signature: Name: Dawn Chiusano Name: Date of Request to Purchase Ad Time: 04-05-24 Date of Station Agreement to Sell Time: 4 TO BE COMPLETED BY STATION ONLY Ad submitted to station? No Date ad received: _ Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy). If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided. 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 # Station Call Letters: Date Received/Requested: 2520298 KWCH Est. #: Run Start and End Dates: For national issue ads only (not required for state/local issue 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. United Methodist Health Ministry Fund_, hereby request station time as follows: See Order for proposed schedule and charges. See Invoice for actual schedule and charges. Check one: Ad "communicates a message relating to any political matter of national importance" by referring to (1) a legally qualified candidate for federal office; (2) an election to federal office; (3) a national legislative issue of public importance (e.g., health care legislation, IRS tax code, etc.); or (4) a political issue that is the subject of controversy or discussion at the national level. Ad does NOT communicate a message relating to any political matter of national importance (e.g., relates only to a state or local issue). ALL QUESTIONS/BLOCKS MUST BE COMPLETED Station time requested by: GPS Impact Agency name: GPS Impact Address: 112 SE 4th Street Suite 202, Des Moines, IA 50309 Phone number: 515-244-3468 Email: info@gpsimpact.com Name of advertiser/sponsor (list entity's full legal name as disclosed to the Federal Election Commission [for federal committees] with no acronyms; name must match the sponsorship ID in ad): Name: United Methodist Health Ministry Fund Address: 100 East First Avenue, PO Box 1384 Hutchinson, KS 67504 Phone number: 620-662-8586 Email: david@healthfund.org Station is authorized to announce the time as paid for by such person or entity. List ALL of the chief executive officers or members of the executive committee or board of directors or other governing group(s) of the advertiser/sponsor (Use separate page if necessary.): David Jordan, President Lori Hartnett, Chair Matt Penner, Vice-Chair David Jordan, President Jennifer Clasen, Secretary Lynette Juresic, Treasurer By signing below, advertiser/sponsor represents that those listed above are the only executive officers, members of the executive committee and board of directors or other governing group(s). 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) (no acronyms or abbreviations): Date of election: N/A Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary: Expuding Medicuide Strengthans rurol hospitals

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: Name: Dawn Chiusano Name: Date of Station Agreement to Sell Time: U Date of Request to Purchase Ad Time: 04-05-24 TO BE COMPLETED BY STATION ONLY Ad submitted to station? Date ad received: -No Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy). If only one officer, executive committee member or director is listed above, station should ask the advertiser/sponsor in writing if there are any other officers, executive committee members or directors, maintain records of inquiry and update this form if additional officers, members or directors are provided. 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 #: Station Call Letters: Date Received/Requested: 3520298 Station Location: Run Start and End Dates: Est. #: For national issue ads only (not required for state/local issue 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

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.

WOC14623556 [00.00]

Order Printout

Start/End Dates: 04/16/24 - 04/22/24

Traffic Order #:

Order Status:

Opened-New

Buyer Order #: 13371788

Property: KWCH TV Unassigned (Wes Good)

> Advertiser: Agency: RHF/HFF/UMHMF **GPS Impact**

Primary Demo: [N] Adults 50+ (RTG) Dawn Chiusano

Buyer:

C/P/E: 75 / 77 / 657

> KBSD KBSH KBSL KWCH12

KWCH.COM

Product Desc.: Issue

Estimate Desc.: Reach/Health Forward/United Methodist 4.16-4.22

Total Cost: \$11,200.00 (Cash)

Received Date: 4/15/24 8:15 AM

Comments:

Sales Region:

Local

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

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VWCH12

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Orders	Order / Rev:	3520298		_		KBSD KBSH	l KBSL	
	Alt Order #:	WOC14623556		_		KWCH.CO	ЭM	
	Product Desc:	Issue				KVVCH.CC	JITI	
	Estimate:	657		_		KWCH		
	Flight Dates:	04/16/24 - 04/22/24		Primary AE:		Wesley Good		
	Original Date / Rev:	04/15/24 / 04/15/24		Sales Office):	GN-PA		
	Order Type:	NORMAL		Sales Regio	n:	National		
Agency	Name:	GPS Impact						
	Buying Contact:			Billing Type:		Cash		
	Billing Contact:			Billing Caler	ndar:	Broadcast		
		112 SE 4th St Unit 202		Billing Cycle) :	EOM/EOC		
		Des Moines, IA 50309-4858		Agency Con	nmission:	15%		
Advertiser	Name:	RHF/HFF/UMHMF						
	Demographic:	A50+		- New Busine	ss End:			
	Product Codes:	Issue - National - Other		– Advertiser E	xternal ID:	630864		
	Revenue Code 1:	AGY		Agency Exte	ernal ID:	133411		
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Start Date End Date # Spots Gross Amount Net An	lount
04/01/24 04/22/24 14 \$11,200.00	\$9,520.00

Month	# Spots	Gross Amount	Net Amount	Rating
April 2024	14	\$11,200.00	\$9,520.00	70.50
Totals	14	\$11,200.00	\$9,520.00	70.50

Account Executives				
Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Wesley Good	GN-PA	National	Start Of Order - End Of Order	100%

Start Date End Date Weekdays Spots/Week Rating

MultiC	Channe	I												
Ln	Ch	Start	End	Inventory Code	Break	Start/End	Time	Days	Len S	pots	Rate Pri	Rtg Type	Spots	Amount
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			ORNINGS) CHITA-HUT) FCHINSON PLUS :	- ACTUAL De	c/2023LS M	o-Fr 7:0	0a-9:00a T	IME PER	RIOD C	N KWCH+.			
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			VS AT 120											
L				CHINSON PLUS					TIME P	ERIO	ON KWCH+.			
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				CHINSON PLUS					IME PER	RIOD C	N KWCH+.			
			End Date	Weekdays	Spots/Week		Ratii							
We	ek: 04/1	16/24 (04/22/24	1111	4	\$1,500.00	7.	40						
N 4	All	04/16/24	04/20/24	12 News @ 8a Sa	at CM	8:00 AM-9:	30 AM	1-	:30	1	\$285.00P-03	2.20 NM	1	\$285.00
				12 News @ 8a Sa	at	(8:00 AM-9:	:30 AM)							
•	-		S SAT AT											
	ec/202	3LS - WIC	CUH-ATIH;	CHINSON PLUS -	- ACTUAL De	c/2023LS Sa	at 8:00a-	-9:30a TIM	E PERIO	D ON	KWCH+.			

Print Date: 04/15/24 13:29:56

Totals

14

\$11,200.00

Page 2 of 2 Order / Rev: 3520298 Advertiser: RHF/HFF/UMHMF Alt Order #: WOC14623556 Product Desc: Issue **KWCH** Flight Dates: 04/16/24 - 04/22/24 Estimate: 657 MultiChannel Ln Ch Start End Inventory Code Break Start/End Time Days Len Spots Rate Pri Rtg Type Spots Amount Start Date **End Date** Spots/Week Weekdays Rate Rating Week: 04/15/24 04/21/24 ----1-\$285.00 2.20 N 5 04/16/24 04/21/24 All 12 News @530p Sun CM 5:30 PM-6:00 PM -----1 :30 \$715.00 P-03 11.50 NM 1 \$715.00 12 News @530p Sun (5:30 PM-6:00 PM) (Program: 12 NEWS AT 530PM SUN) Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Sun 5:30p-6:00p TIME PERIOD ON KWCH+. Start Date **End Date** Weekdays Spots/Week Rate Rating

11.50

\$715.00

04/21/24

Week: 04/15/24

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