

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, Health Forward Foundation, 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

Contact:

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: Health Forward Foundation

Address: 2300 Main Street, Suite 304 Kansas City, MO 64108

Contact:

Phone number: (816) 241-7006

Email: communications@healthforward.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.):

Qiana Thomason, President/CEO
 Brenda Calvin, Chief Operations Officer
 Christie Briscoe Zarkovich, Chief Administrative, Financial, and Investment Officer
 Lynette Wheeler, Chair
 Dred Scott, Vice Chair
 Kent Hawkins, 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:

Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary:

N/A

Expanding Medicaid strengthens rural 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: <i>Dawn Chlusano</i>	Signature: <i>Wes Good</i>
Name: Dawn Chlusano	Name: <i>Wes Good</i>
Date of Request to Purchase Ad Time: 04-05-24	Date of Station Agreement to Sell Time: <i>4/22/24</i>

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received: *4/5/24*

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 #: <i>3526738</i>	Station Call Letters: <i>KUCB</i>	Date Received/Requested: <i>4/22/24</i>
Est. #: <i>658</i>	Station Location: <i>Wichita, KS</i>	Run Start and End Dates: <i>4/23 - 4/29</i>

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, The REACH Healthcare Foundation, hereby request station time as follows: See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

Check one:

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- 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

Contact:

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: The REACH Healthcare Foundation

Address: 8131 Metcalf Avenue, Suite 200 Overland Park, KS 66204

Contact:

Phone number: 913-432-4196

Email: brenda@reachhealth.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.):

Brenda Sharpe, President & CEO
Lynette Sparkman-Barnes, Chair
Guy Collier, Vice Chair
Jernee Jones, Secretary
Justin Richter, 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:

Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary:

N/A

Expanding Medicaid strengthens rural hospitals

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

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Advertiser/Sponsor	Station Representative
Signature: <i>Dawn Chlusano</i>	Signature: <i>Wes Gouch</i>
Name: Dawn Chlusano	Name: <i>Wes Gouch</i>
Date of Request to Purchase Ad Time: 04-05-24	Date of Station Agreement to Sell Time: <i>4/27/24</i>

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received: *4/5/24*

Note: Must have separate PB-19 forms for each version of the ad (i.e., for every ad with differing copy).

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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 #: <i>3526738</i>	Station Call Letters: <i>KWCH</i>	Date Received/Requested: <i>4/22/24</i>
Est. #: <i>658</i>	Station Location: <i>Wichita, KS</i>	Run Start and End Dates: <i>4/23 - 4/29</i>

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

Contact:

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

Contact:

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
Malt 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:

Clearly identify EVERY political matter of national importance referred to in the ad (no acronyms); use separate page if necessary:

N/A

Expanding Medicaid strengthens rural 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: <i>Dawn Chlusano</i>	Signature: <i>Wes Good</i>
Name: Dawn Chlusano	Name: <i>Wes Good</i>
Date of Request to Purchase Ad Time: 04-05-24	Date of Station Agreement to Sell Time: <i>4/2/24</i>

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? Yes No Date ad received: *4/5/24*

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 #: <i>3526738</i>	Station Call Letters: <i>WJCH</i>	Date Received/Requested: <i>4/1/24</i>
Est. #: <i>658</i>	Station Location: <i>Wichita, KS</i>	Run Start and End Dates: <i>4/23 - 4/29</i>

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.

3526738

WOC14628956 [00.00]

Order Printout



Order Status: Opened-New Start/End Dates: 04/23/24 - 04/29/24 C/P/E: 75 / 77 / 658
 Traffic Order #: Agency: GPS Impact Product Desc.: Issue
 Buyer Order #: 13384746 Advertiser: RHF/HFF/UMHMF Estimate Desc.: Reach/Health Forward/United Methodist 4.23-4.30
 AE: Unassigned (Mes Good) Buyer: Dawn Chiusano Total Cost: \$6,300.00 (Cash)
 Property: KWCH TV Primary Demo: [N] Adults 50+ (RTG) Received Date: 4/22/24 9:00 AM
 Sales Region: Local

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

Line	Program	ST	Len	Time	Days	Rate	Apr 23	Spots	Totals	[N] Adults 50+		
1	CBS MORNING	NM	:30	7:00 AM-9:00 AM	-W----	600.00	1	1	600.00	2.10	2.10	285.7
	(Program: CBS MORNING)Dec2023LS - WCHITR-HUTCHINSON PLUS - ACTUAL Dec2023LS Mo-Fr 7:00a-9:00a TIME PERIOD ON KWCH+											
1	CBS MORNING	NM	:30	7:00 AM-9:00 AM	---F---	600.00	1	1	600.00	2.10	2.10	285.7
	(Program: CBS MORNING)Dec2023LS - WCHITR-HUTCHINSON PLUS - ACTUAL Dec2023LS Mo-Fr 7:00a-9:00a TIME PERIOD ON KWCH+											
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2	12 NEWS AT 1200PM	NM	:30	12:00 PM-12:30 PM	--T---	450.00	1	1	450.00	4.70	4.70	95.74
	(Program: 12 NEWS AT 1200PM)Dec2023LS - WCHITR-HUTCHINSON PLUS - ACTUAL Dec2023LS Mo-Fr 12:00p-12:30p TIME PERIOD ON KWCH+											
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	(Program: 12 NEWS AT 1200PM)Dec2023LS - WCHITR-HUTCHINSON PLUS - ACTUAL Dec2023LS Mo-Fr 12:00p-12:30p TIME PERIOD ON KWCH+											
3	12 NEWS AT 600PM	NM	:30	6:00 PM-6:30 PM	---F---	1,500.00	1	1	1,500.00	7.40	7.40	202.70
	(Program: 12 NEWS AT 600PM)Dec2023LS - WCHITR-HUTCHINSON PLUS - ACTUAL Dec2023LS Mo-Fr 6:00p-6:30p TIME PERIOD ON KWCH+											

List Items							Spots							Totals			[N] Adults 50+						
Line	Program	ST	Len	Time	Days	Rate	Apr																
					M		23																
3	12 NEWS AT 600PM	NM	:30	6:00 PM-6:30 PM	-W----	1,500.00	1																
(Program: 12 NEWS AT 600PM)Dec2023LS - WCHITAHUTCHINSON PLUS - ACTUAL Dec2023LS Mo-Fr 6:00p-6:30p TIME PERIOD ON KWGH+																							
Spot Totals:							8														8	6300.00	32.60
[N] Adults 50+ GRP:							32.60																
Rate Totals:							6300.00																

MONTH	SPOTS	COST	GRP	MONTH	SPOTS	COST	GRP
April	8	\$6,300.00	32.60				

ORDER



Orders
Order / Rev: 3526738
Alt Order #: WOC14628956
Product Desc: Issue
Estimate: 658
Flight Dates: 04/23/24 - 04/29/24
Original Date / Rev: 04/22/24 / 04/22/24
Order Type: NORMAL

Primary AE: Wesley Good
Sales Office: GN-PA
Sales Region: National

Agency Name: GPS Impact
Buying Contact:
Billing Contact:
 112 SE 4th St Unit 202
 Des Moines, IA 50309-4858

Billing Type: Cash
Billing Calendar: Broadcast
Billing Cycle: EOM/EOC
Agency Commission: 15%

Advertiser Name: RHF/HFF/UMHMF
Demographic: A50+
Product Codes: Issue - National - Other
Revenue Code 1: AGY
Revenue Code 2: POL
Revenue Code 3: POL-ISS
Priority: P-03

New Business End:
Advertiser External ID: 630864
Agency External ID: 133411
Unit Code: General
Order Separation: 00:30:00

Start Date	End Date	# Spots	Gross Amount	Net Amount
04/01/24	04/28/24	7	\$5,700.00	\$4,845.00
04/29/24	04/29/24	1	\$600.00	\$510.00

Month	# Spots	Gross Amount	Net Amount	Rating
April 2024	7	\$5,700.00	\$4,845.00	30.50
May 2024	1	\$600.00	\$510.00	2.10
Totals	8	\$6,300.00	\$5,355.00	32.60

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%

MultiChannel

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount																																
N 1	All	04/23/24	04/29/24	CBS Mornings CBS This Morning	CM	7:00 AM-9:00 AM (7:00 AM-9:00 AM)	111-1--	:30	4	\$600.00	P-03	2.10	NM	4	\$2,400.00																																
(Program: CBS MORNINGS) Dec/2023LS - WICHITA-HUTCHINSON PLUS - ACTUAL Dec/2023LS Mo-Fr 7:00a-9:00a TIME PERIOD ON KWCH+.																																															
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