THIS ADVERTISING WAS PURCHASED THROUGH A NETWORK IN WHICH THIS STATION PARTICIPATES. FOR INFORMATION ON SCHEDULES AND CHANGES CONTACT AFFILIATEOPS@WESTWOODONE.COM

ISSUE (Non-candidate) ADVERTISEMENT AGREEMENT FORM

I, Michelle Sullivan, 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: Power to the Patients

Agency name: Swift River Productions

Address: 8950 Ellis Ave., Los Angeles, CA 90034

Contact: Kevin Morra | Phone number: 310-597-0515 | Email: kevin@swiftriverproductions.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: Power To The Patients

Address: 2 Jackman Ridge Road, Windham NH 03087

Contact: Michelle Sullivan | Phone number: 617-510-2436 | Email: msullivan@sullivanmc.com

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.):

Michelle Sullivan, President
Linda Bent, Treasurer
Marc Joubert, Secretary

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

healthcare price transparency

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: Michelle Sullivan Digitally signed by Michelle Sullivan Date: 2021.09.02 13:50:23 -04'00'	Signature: PKLNO
Name: Michelle Sullivan	Name: Courtney Kline
Date of Request to Purchase Ad Time: 9/2/21	Date of Station Agreement to Sell Time: 9/3/21

TO BE COMPLETED BY STATION ONLY

Ad submitted to station? [X] Yes [ ] No Date ad received: 9/14/21

Note: Must have separate PB-19 forms (or the equivalent, e.g., addendums) 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:

[X] Accepted

[ ] Accepted IN PART (e.g., ad not received to determine content)*

[ ] Rejected – provide reason (optional):

*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any:

Contract #:	Station Call Letters: KOZN-AM	Date Received/Requested: 9/14/21
Est. #:	Station Location: OMAHA NE	Run Start and End Dates: 9/27/21 - 11/12/21

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.