

**EFFECTV POLITICAL RECORD OF REQUEST:
NATIONAL AND LOCAL ISSUE ADS**

X Ad (whether national or state/local) “communicates a political matter of national importance” by referring to (1) a legally qualified candidate for any federal office; (2) any election to federal office; or (3) any political matter of national importance, whether legislative or otherwise (e.g., immigration, IRS tax code, federal cabinet or judicial appointments, etc.)

OR

Ad relates to state or local issue and does not communicate a political matter of national importance (i.e., does not refer to a federal candidate/election, or any political matter of national importance such as immigration, IRS tax code, federal cabinet or judicial appointments, etc.)

1. Requested by (Agency name, address, phone number & contact):

Agency Name: _____ Leighton LLC _____

Contact Name: _____ Kyle Leighton _____

Phone Number: _____ 202-415-3326 _____

Address: _____ 101 N Loop Blvd E _____

2. Paid for by (Advertiser/sponsor name, address, phone number & contact):

Name: _____ Partnership to Fight Chronic Disease _____

Contact Name: _____ Catherine Bear _____

Phone Number: _____ 202-308-5481 _____

Address: _____ 909 E St NW, Second Floor, Washington DC 20004 _____

3. Date of request:

_____ 8/16/21 _____

4. Request received by: _____ Mary Kelly _____

5. Content of the ad: _____ Healthcare _____

6. If ad refers to any federal election or federal candidate list: ALL name(s) of candidate(s) referred to, office being sought and date of election: _____

7. If ad refers to any national issues, identify ALL issues addressed (legislative or otherwise):

_____ Healthcare _____

Revised 1/8/2020

COM:1066669v2

COM:1154174v1

8. If ad refers to any state or local election or candidate list: ALL name(s) of candidate(s) referred to, office being sought and date of election: _____

9. If ad refers to any state or local issues, ballot measures, or referendums, identify ALL issues addressed (legislative or otherwise): _____

10. List ALL sponsor's chief executive officers OR members of executive committee OR board of directors: _____ Catherine Bear _____

11. If only one name is listed on documentation provided by agency/advertiser, the AE certifies that they have made a follow-up inquiry: _____ YES

12. DMA: _____ Seattle _____, Interconnect (Y)

Zones: _____

13. Distribution Platform(s): Linear TV; _____ VOD; _____ Digital/websites/apps

14. Payment Method _____ Cash; Credit Card; _____ Check; _____ Other (if Other is selected describe payment method)

15. Date and nature of any follow-ups: _____

16. Disposition:

Accepted – see attached contract details

Rejected – provide reason: _____

17. Date of ROR completion: _____ 8/16/21 _____

18. Additional Information:

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