

**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: ____Group M Local Broadcast____

Contact Name: ____N/A____

Phone Number: ____212-297-8181____

Address: ____3 World Trade Center, 175 Greenwich St. New York, NY 10006____

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

Name: ____US Dept of Health and Human Services____

Contact Name: ____N/A____

Phone Number: ____877-696-6775____

Address: ____200 Independence Ave SW Washington DC 20201____

3. Date of request:

____2/1/22____

4. Request received by: ____Ampersand____

5. Content of the ad: ____Covid Vaccine____

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):

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: _____

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): ____X__ Linear TV; _____ VOD; _____
Digital/websites/apps

14. Payment Method ____ Cash; ____X__ 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: ____ 2/1/22 _____

18. Additional Information:

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