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 <u>federal</u> office; (2) any election to <u>federal</u> office; <u>or</u> (3) any political matter of national importance, whether legislative or otherwise (e.g., immigration, IRS tax code, federal cabinet or judicial appointments, etc.)

- □ Ad relates to state or local issue and does <u>not</u> 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: ___Coates Kokes ____

Contact Name: ___Maureen Bernadelli-Suter

Phone Number: ____503-720-3844_____

Address: ____ 421 SOUTHWEST SIXTH AVENU, SUITE 1300, PORTLAND, OR 97204 _____

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

Name: ____Oregon Health Insurance Marketplace

Contact Name: ___Chiqui Flowers _____

Phone Number: _____(855) 268-3767____

Address: ____350 Winter St NE, Salem, OR 97301

3. Date of request: ____9/20/2021_____

4. Request received by: _____Justin Apmadoc

5. Content of the ad: ____Oregon Health Exchange _____

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):

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:

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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:____Andrew Stolfi, Director; Mary Moller, Deputy Director _____

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

12. DMA:____Portland & Eugene_____, Interconnect (Y or N)

Zones:_____

13. Distribution Platform(s): ___X___ Linear TV; ___x___ VOD; ___x___Digital/websites/apps

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

15. Disposition:

X Accepted – see attached contract details

□ Rejected – provide reason:

16. Date of ROR completion: ____10/15/2021_____

17. Additional Information: