

**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:**

\_\_\_\_\_ 8/28/21 \_\_\_\_\_

**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: \_\_\_\_\_ Spokane \_\_\_\_\_, 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: \_\_\_\_\_ 8/27/21 \_\_\_\_\_

18. Additional Information:

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ADDITIONAL DISCLOSURES FOR WASHINGTON STATE

1. Name of any candidate or ballot issue addressed by the ad and whether the ad supports or opposes the candidate or ballot issue:

Candidate or Issue: \_\_\_\_\_

Support or Oppose: \_\_\_\_\_

2. Name and address of person or entity actually paying for the ad:

\_\_\_\_\_Partnership to Fight Chronic Disease\_\_\_\_\_  
\_\_\_\_\_909 E ST NW Second Floor, Washington DC 20004\_\_\_\_\_  
\_\_\_\_\_

a. Include Employer Identification Number for an entity or other unique ID for an individual: 26-0517014

b. Date on which the payment was made: \_\_\_\_\_

c. Form of payment (e.g. cash, check, wire): \_\_\_\_\_


3. Provide description of any additional services that were provided to the advertiser (e.g. production, talent, or distribution), list those services: \_\_\_\_\_

4. For linear ads, attach the schedule and, after the ads have been aired, the exact times at which the spots ran

5. For digital or on-demand spots, provide:

- a. Demographics targeted
- b. Demographics reached
- c. Number of impressions generated

6. Attach a copy of the ad and identify the ISCI code(s).

Customer Name	In House Id	Title	ISCI	Duration (s)
Partnership to Fight Chronic Disease	AL21232B78 	AL3709369: Washington Sommer :30 final	PFCDWA0002	30s

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