EFFECTV POLITICAL RECORD OF REQUEST:
FEDERAL, STATE & LOCAL CANDIDATE ADS

1. **(Check applicable box)**

   ☒ **Federal Candidate** **OR** ☐ **State or Local Candidate**

2. **Requested by (Agency name, address, phone number & contact):**
   a) **Agency Name:** GMMB
   b) **Contact Name:** NA
   c) **Phone Number:** 2002-338-8700
   d) **Address:** 3050 K St NW, Suite 100, Washington, DC 20007

3. **On behalf of (Candidate name & authorized campaign committee name):** Kim Schrier, Dr. Kim Schrier for Congress

4. **Election (Office sought & date):** WA CD-8, 11.8.22

5. **Name, address & phone number of the contact person for the candidate or candidate's authorized campaign committee:**
   a) **Contact Name:** Philip Lloyd
   b) **Phone Number:** 425-395-4775
   c) **Address:** PO Box 2728, Issaquah, WA 98027

6. **Date of request:** 6.1.22

7. **Request received by:** Ampersand

8. **Description of the content of the ad (e.g. topics/issues/candidates referenced):** NA

9. **Name of treasurer of the candidate's authorized committee:** Philip Lloyd

10. **DMA:** Seattle**,** ☒ **Interconnect (Check if Yes)**
    Zones: Click or tap here to enter text.

11. **Distribution Platform(s): Check if applies:**
    ☒ **Linear TV;** ☐ **VOD;** ☐ **Digital/websites/apps**

12. **Payment Method:**
    ☐ **Cash;** ☒ **Credit Card;** ☐ **Check**
    ☐ **Other (if other is selected describe payment method):**

13. **Date, contact name, and nature of follow-ups, if any:**

14. **Disposition:**
    ☒ **Accepted – see attached contract details**
    ☐ **Rejected – provide reason:**

15. **Date of ROR completion:** 6.1.22

16. **Additional information:**