## POLITICAL RECORD OF REQUEST

(COMPLETED FORM MUST BE SENT AT TIME OF REQUEST AND WILL BE PLACED IN POLITICAL/ PUBLIC INSPECTION FILE.)

1. Requestor Information:

**Requestor Name:** The Partnership for **Phone Number:** 202-888-0051

America's Health Care Future

**Address:** 777 6<sup>th</sup> St NW, 8<sup>th</sup> Fl Washington

Contact Name: Lauren Crawford Shaver DC, 20001

2. Date of request: 8/11/2020

3. Request received by:

## **ISSUE**

Please check one:

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.).

## OR

- ☐ 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.).
- 4. Paid for by (Advertiser/sponsor name, address, phone number & contact):
  - **a.** Name: The Partnership for America's Health Care Future
  - **b.** Contact Name: Lauren Crawford Shaver
  - **c. Phone Number:** 202-888-0051
  - d. Address: 777 6th St NW, 8th Fl Washington DC, 20001
- 5. 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: N/A
- 6. If ad refers to any state election or state candidate: ALL name(s) of candidate(s) referred to, office being sought and date of election: N/A
- 7. If ad refers to any national issues, identify ALL issues addressed (legislative or otherwise): Healthcare Reform
- 8. List ALL sponsor's chief executive officers OR members of executive committee OR board of directors: Lauren Crawford Shaver, Executive Director for The Partnership for America's Health Care Future

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9.	If only one name is listed in question 8 or on documentation provided by requestor/agency/advertiser, please certify that you have made a follow-up inquiry by initialing
	here: _LCS_ (initial here)
10.	Describe of the Content of the Ad (including any state or local issue mentioned in the content of
	<b>the ad):</b> 30-second video that educates consumers as to the consequences of a one-size-fits-all government health insurance system like the public option.
11.	☑ <b>DMA:</b> Washington D.C, Phoenix, Detroit, Raleigh, Richmond, Philadelphia ☐ <b>Interconnect</b>
	(Check if Yes)
12.	Zones: Distribution Platform(s): Check if applies:  ☑ Linear TV; ☐ VOD; ☑ Digital/websites/apps
13.	Date and information provided, if any:
13.	Disposition:  □Accepted – see attached contract details □Rejected – provide reason: Click or tap here to enter text.
14.	Additional Information: Click or tap here to enter text.
Da	te ROR completed on:8/12/2020