

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT
"COMMUNICATES A POLITICAL MATTER OF NATIONAL IMPORTANCE."
FOR ALL OTHER ISSUE ADS, PLEASE GO TO PAGE 3.**

Programming that "communicates a political matter of national importance" includes (1) references to legally qualified candidates (presidential, vice presidential or congressional); (2) any election to Federal office (e.g., any references to "our next senator", "our person in Washington" or "the President"); and (3) a national legislative issue of public importance (e.g., Affordable Care Act, revising the IRS tax code, federal gun control or any federal legislation).

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"
 Yes No

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the offices being sought, the date(s) of the election(s) and/or the issue to which the communication refers (if applicable):

Ditch Fund

This advertisement accuses Mitch McConnell of taking millions of dollars from the drug industry and supports them in DC while working against President Trump's plan to lower prescription drug prices

I represent that the payment for the above described broadcast time has been furnished by (name and address):

Ditch Fund
P.O. Box 15320
Washington D.C. 20003
202-505-1657

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

Ryan Aquilina Executive Director
Jennifer May Treasurer

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 5)

**THIS PAGE MUST BE COMPLETED FOR PROGRAMMING THAT
DOES NOT "COMMUNICATE A POLITICAL MATTER OF NATIONAL
IMPORTANCE"**

I represent that the payment for the above described broadcast time has been furnished by (name and address):

N/A

and you are authorized to announce the time as paid for by such person or entity (hereinafter referred to as the "sponsor").

List the chief executive officers or members of the executive committee or the board of directors below (or attach separately):

N/A

INQUIRY FORM

(TO BE COMPLETED BY STATION REPRESENTATIVE RESPONDING TO THE INQUIRY)

INSTRUCTIONS: This form must be completed as to all requests, both oral and written, for broadcast time to be used by or on behalf of (1) a candidate for public office or(2) persons who wish to communicate a message relating to "any political matter of national importance," as defined in the Bipartisan Campaign Reform Act of 2002. It is to be kept in the Station Public File for a period of two years.

STATION WVHU

DATE OF REQUEST: 8/24/20

INQUIRY MADE BY: Target Platform Media LLC

AGENCY (if any):

ADDRESS OF AGENCY:

CITY, STATE, ZIP OF AGENCY:

TELEPHONE NUMBER OF AGENCY:

ISSUE: Accusing Mitch McConnell of taking millions of dollars from the drug industry and supports them in DC while working against President Trump's plan to lower prescription drug plan

ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY): Ditch Fund

IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE: Ditch Fund

ADDRESS OF COMMITTEE: PO Box 1532

CITY, STATE, ZIP OF COMMITTEE: Washington, DC 20003

TELEPHONE NUMBER OF COMMITTEE: 205-505-1657

COMMITTEE OFFICERS

Director:

Vice Chairman:

Treasurer: Jennifer May

Secretary:

Is this the Candidate's Authorized Committee? () yes () no

OFFICE SOUGHT: PARTY AFFILIATION:

() federal () state () local

ELECTION AND DATE: 11/3/20

() Primary () general

FOR ISSUE ADS ONLY:

- a. Candidate(s) and offices (if any) referred to: Mitch McConnell-Senate
President Donald Trump
- b. Federal election(s) (if any) referred to: _____
- c. Issue(s) discussed: Accusing Mitch McConnell of taking millions of dollars from
the drug industry and supports them in DC while working against President Trump's plan
to lower prescription drug plan
- d. Name, Address, Phone Number of Contact: _____

DATES REQUESTED: 8/25/20-8/31/20

LENGTH OF SPOT/PROGRAM TIME REQUESTED: :60

REQUEST MADE:

in writing orally
If request is made in writing, attach and retain.

STATION OFFER: See schedule

DISPOSITION OF REQUEST:

granted denied
If not granted, state reasons in space below. If denied in writing, attach and retain. If
granted, attach contract and invoice, when available.

REQUEST FOR DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED:

yes no
Attach any written documentation received.

DATE POLITICAL DISCLOSURE FORM SUBMITTED TO REQUESTOR: 8/24/20

COMMENTS

STATION REP	Megan Kelley
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REVIEWED	
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