

Local TV Advertising Settlement Claim Form

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY **OCTOBER 26, 2023**. THE CLAIM FORM MUST BE SIGNED AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Payments will be made to Settlement Class Members who submit a valid and timely Claim Form after the Court grants “final approval” to the Settlements. If the Court approves the Settlements, there may be appeals. It’s always uncertain whether these appeals can be resolved and resolving them can take time. Please be patient. We recommend saving purchase records between 1/1/2014 and 12/31/2018 in case the Settlement Administrator has questions regarding your claim. If you have any questions, please visit: www.TVAdsSettlement.com.

Instructions: Fill out each section of this form and sign where indicated. Mail your completed Claim Form to the Settlement Administrator at: Local TV Advertising Settlement, c/o JND Legal Administration, PO Box 91068, Seattle WA 98111.

Business Name		Authorized Business Representative Name			
Mailing Address					
City	State	ZIP Code			
Email Address		Phone Number			
<p>The business identified above purchased Television Spot Advertisements from one or more Broadcaster Defendant in a DMA set forth in Appendix A of the Complaint between January 1, 2014 and December 31, 2018 (check all that apply; purchases made through Cox Reps (including Telerep and HRP) or Katz (including Continental, Millennium, and Eagle) from any of the entities below may be included):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> CBS Corporation n/k/a Paramount Global <input type="checkbox"/> Cox Media Group LLC <input type="checkbox"/> Dreamcatcher Broadcasting, LLC <input type="checkbox"/> Fox Corporation <input type="checkbox"/> Griffin Communications, LLC <input type="checkbox"/> Meredith Corporation <input type="checkbox"/> Nexstar Media Group, Inc. </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Raycom Media, Inc <input type="checkbox"/> The E.W. Scripps Company <input type="checkbox"/> Sinclair Broadcast Group, Inc. <input type="checkbox"/> TEGNA, Inc. <input type="checkbox"/> Tribune Broadcasting Company, LLC <input type="checkbox"/> Tribune Media Company </td> </tr> </table>				<input type="checkbox"/> CBS Corporation n/k/a Paramount Global <input type="checkbox"/> Cox Media Group LLC <input type="checkbox"/> Dreamcatcher Broadcasting, LLC <input type="checkbox"/> Fox Corporation <input type="checkbox"/> Griffin Communications, LLC <input type="checkbox"/> Meredith Corporation <input type="checkbox"/> Nexstar Media Group, Inc.	<input type="checkbox"/> Raycom Media, Inc <input type="checkbox"/> The E.W. Scripps Company <input type="checkbox"/> Sinclair Broadcast Group, Inc. <input type="checkbox"/> TEGNA, Inc. <input type="checkbox"/> Tribune Broadcasting Company, LLC <input type="checkbox"/> Tribune Media Company
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Settlement Class Member Affirmation: I affirm under the laws of the United States and the laws of my state of residence that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

Signature of Authorized Business Representative	Date
Printed Name	Title