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: Targeted Platform Media
   Address: 650 Massachusetts Avenue NW
            Suite 210
            Washington, DC 20001
   Contact Name: Danny Neckel
   Phone Number: (202) 965-5060

2. Date of request: 3/17/2020

3. Request received by: Evan Butcher

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 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.).

4. Paid for by (Advertiser/sponsor name, address, phone number & contact):

   a. Name: Public Safety Professionals for a Safer LA County Opposing Gascon for DA 2020
   b. Contact Name: Craig Lally
   c. Phone Number: 213-251-4554
   a. Address: 555 Ocean Blvd, Suite 420 Long Beach, CA 90802

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: NA

6. If ad refers to any national issues, identify ALL issues addressed (legislative or otherwise): NA

7. List ALL sponsor’s chief executive officers OR members of executive committee OR board of directors: Craig Lally

8. If only one name is listed in question 7 or on documentation provided by requestor/agency/advertiser, please certify that you have made a follow-up inquiry by initialing here: ____ (initial here)
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9. Describe of the Content of the Ad:

10. ☐ DMA: ___________________________, ☐ Interconnect (Check if Yes)

   Zones:

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

12. 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.