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: Grassroots Media
   Contact Name: Mike D’Ettorre
   Phone Number: 6106607752
   Address: 12 West Dartmouth Road, Bala Cynwyd, PA 19004.

2. Date of request: 1.31.2020

3. Request received by: Tiffany Solis

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: Run George Run
   b. Contact Name: Shawnda Deane, Treasurer
   c. Phone Number: 916-285-5733
   d. Address: 1787 Tribute Road, Suite K, Sacramento CA 95815

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: Click or tap here to enter text.

6. If ad refers to any national issues, identify ALL issues addressed (legislative or otherwise): Click or tap here to enter text.

7. List ALL sponsor’s chief executive officers OR members of executive committee OR board of directors: Click or tap here to enter text.

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)

9. Describe of the Content of the Ad:

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