

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

Phone Number: 202-965-5066

Contact Name: Liz Olsen

Address: 650 Massachusetts Ave NW,
Washington, DC 20001

2. Date of request: 8/18/20

3. Request received by: Evan Butcher- Ruth Nicoue

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:** The United Coalition of Public Safety
- b. **Contact Name:** N/A
- c. **Phone Number:** 408-298-1133
- d. **Address:** 800 Bryant Street, 2nd Floor San Francisco CA 94103

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: Paul Kelly

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.