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: AL Media
   Phone Number: 312-787-3322

   Contact Name: Justin Washington
   Address: 222 West Ontario St, Ste 600, Chicago, IL 60654

2. Date of request: 4/2/20

3. Request received by: Leah Losier

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: Be A Hero PAC
   b. Contact Name: Justin Washington
   c. Phone Number: 312-787-3322
   d. Address: 1328-1348 FLORIDA AVE NW Washington, DC 20009

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: 11/3/20, President of United States

6. If ad refers to any national issues, identify ALL issues addressed (legislative or otherwise):
   COVID-19, Trump, Healthcare

7. List ALL sponsor’s chief executive officers OR members of executive committee OR board of directors: Elizabeth Jaff, Jonathan Zucker

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: Political Advertisement

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.