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: Del Cielo Media
   Contact Name: Lindsay Ragghianti
   Phone Number: 703-409-7269
   Address: PO Box 25458, Alexandria, VA 22313

2. Date of request: 7/6/2020

3. Request received by: Alexander Fiske

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: America First Policies, Inc
   b. Contact Name: Jon Proch, Treasurer, Hon. Linda McMahon, Chair
   c. Phone Number: Click or tap here to enter text.
   d. Address: 1400 Crystal Dr, Suite 850, Arlington, VA 22202

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: Donald Trump

6. If ad refers to any state election or state candidate: ALL name(s) of candidate(s) referred to, office being sought and date of election: Click or tap here to enter text.

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

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

9. If only one name is listed in question 8 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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10. Describe of the Content of the Ad (including any state or local issue mentioned in the content of the ad):

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

   Zones:

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

13. 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.

Date ROR completed on: ___________7/6/2020____________________