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
   Phone Number: 703-409-7269
   Contact Name: Carolyn Good
   Address: PO Box 25458, Alexandria, VA 22313

2. Date of request: 06.09.20

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: State Government Leadership Foundation
   b. Contact Name: Cabbell Hobbs
   c. Phone Number: 202.448.5160
   d. Address: 1201 F Street NW #675, Washington DC 20004

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: __Atlanta________________, ☐ Interconnect (Check if Yes)

   Zones: 7774, 7775, 8475
11. Distribution Platform(s): Check if applies:
   ☒ Linear TV;   ☐ VOD;   ☐ Digital/websites/apps

12. Date and information provided, if any: 6.9.20

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.