

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: FlexPoint Media

Phone Number: 202-417-2274

Contact Name: FlexPoint Media

Address: PO Box 1054, New Albany, OH
4305

2. Date of request: 6/01/2022

3. Request received by: Ampersand

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:** Safe CA, Inc.
- b. **Contact Name:** Staci Goode
- c. **Phone Number:** (703) 371-5852
- d. **Address:** 600 Montgomery Street Suite 3100 San Francisco, CA 94111

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 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): Newsom, Michael Shellenberger, Homelessness, Drug Epidemic, Safer Streets.

8. List **ALL** sponsor’s chief executive officers **OR** members of executive committee **OR** board of directors: Treasurer- Staci Goode

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: _____