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	1.	Requestor	Informat	ion
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Requestor Name: Main Street Media **Phone Number:** (703) 485-0004

Group

Address: PO BOX 25093

Contact Name: Media Buyer Alexandria, VA 22313

2. Date of request: 5/13/2022

3. Request received by: Stephanie Boateng – Hila Arbell

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 <u>federal</u> office; (2) any election to <u>federal</u> office; <u>or</u> (3) any political matter of national importance, whether legislative or otherwise (e.g., immigration, IRS tax code, federal cabinet or judicial appointments, etc.).

<u>OR</u>

- □Ad relates to state or local issue and does <u>not</u> 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: One Nation

b. Contact Name: Jack Pandolc. Phone Number: (202) 706-7051

- d. Address: 45 North Hill Dr Ste 100, Warrenton, VA 20486
- 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: N/A
- 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: N/A
- 7. If ad refers to any national issues, identify ALL issues addressed (legislative or otherwise): Reconciliation Package
- 8. List ALL sponsor's chief executive officers OR members of executive committee OR board of directors:

Board Members: Bobby Burchfield, Sally Vastola, Ken Cole

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 Cothe ad):	ntent of the Ad	d (including any state or local issue mentioned in the content of		
11. □ DMA:		, Interconnect (Check if Yes)		
Zones:				
12. Distribution Platfo	orm(s): Check i	if applies:		
\Box Linear TV;	□ VOD;	☐ Digital/websites/apps		
13. Date and information provided, if any:				
13. Disposition:				
□Accepted – s	see attached co	ontract details		
□Rejected – p	rovide reason:	: Click or tap here to enter text.		
14. Additional Inform	ation: Click o	or tap here to enter text.		
Date ROR completed	on:			