INQUIRY FORM (TO BE COMPLETED BY STATION REPRESENTATIVE RESPONDING TO THE INQUIRY)

<u>INSTRUCTIONS</u>: This form must be completed as to all <u>requests</u>, both oral and written, for broadcast time to be used by or on behalf of (1) a candidate for public office or(2) persons who wish to communicate a message relating to "any political matter of national importance," as defined in the Bipartisan Campaign Reform Act of 2002. It is to be kept in the Station Public File for a period of two years.

STATION WVHU DATE OF REQUEST: 5/20/20
INQUIRY MADE BY: Targeted Platform Media, LLC
AGENCY (if any):
ADDRESS OF AGENCY:
CITY, STATE, ZIP OF AGENCY:
TELEPHONE NUMBER OF AGENCY:
ISSSUE: The organization as Washington to fund Kentucky's Recovery
ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY): Preserve, Protect, & Defend
IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE:
ADDRESS OF COMMITTEE: P.O. 33341
CITY, STATE, ZIP OF COMMITTEE: Washington, DC 20033
TELEPHONE NUMBER OF COMMITTEE:
COMMITTEE OFFICERS Director:
Vice Chairman:
Treasurer: Craig Vaughn
Secretary:
Is this the Candidate's Authorized Committee? (X) yes () no
OFFICE SOUGHT: PARTY AFFILIATION:
() federal () state () local
ELECTION AND DATE: 11/3/20
() Primary (X) general

FOR ISSUE	ADS ONLY:			
a.	Candidate(s) and offices (if any) referred to: Andy Beshire, KY Governor			
b.	Federal election(s) (if any) referred to:			
C.	Issue(s) discussed:			
d.	Name, Address, Phone Number of Contact:			
DATES REC	QUESTED: 5/20/20-5			
LENGTH OI	F SPOT/PROGRAM	TIME REQUESTED: :60		
lf red	in writing (ng, attach and retain.		
() (If no			denied in writing, attach and retain. It	
()	FOR DOCUMENTAT yes () ch any written docum) no	IS LEGALLY QUALIFIED:	
DATE POLI	TICAL DISCLOSURE	FORM SUBMITTED TO	REQUESTOR: 5/20/20	
		<u>COMMENTS</u>		
		STATION REP	Megan Kelley	
		REVIEWED		