

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: David Millner Group

Phone Number:

Contact Name:

Address: 772-231-8801

2. Date of request: 9/14/2020

3. Request received by: Adrian Laikert – Mark Ongsysia

4.

5. (check applicable box(es))

Federal Candidate

State or Local Candidate

PRIMARY ELECTION

Democrat Republican Other

GENERAL ELECTION

Democrat Republican Other

6. Election (office sought & date): State Representative, 11/3/2020

7. On behalf of (candidate name(s) & authorized campaign committee name(s)): Chris Sprowls and Chris Sprowls for State Rep

8. Name, address & phone number of the contact person for the candidate or candidate's authorized campaign committee:

a. Contact Name (please enter full name):

b. Phone Number:

c. Address:

d. Name of treasurer of the candidate's authorized committee: Mike Millner

9. Describe of the Content of the Ad: DMA: _____ Tampa _____, Interconnect (Check if Yes)

Zones: 2091, 3666

10. Distribution Platform(s): Check if applies:

Linear TV; VOD; Digital/websites/apps

11. 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: _____9/14/2020_____