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: McKenna Med	lia	Phone Number: 2026756936	
	Contact Name: Bobby Mushroe		Address: 1322 G St SE, Washington DC 20003	
2.	Date of request: 5/21/2021			
3.	Request received by: Austin Nichols			
4.	(check applicable box(es))			
	☐ Federal Candidate	⊠ Sta	te or Local Candidate	
	☐ PRIMARY ELECTION	☐ Democrat ☐ R	epublican Other	
	☐ GENERAL ELECTION	☐ Democrat ☐ R	epublican Other	
5.	Election (office sought & date): Mayor- Fort Worth, TX, Runoff- 6/5/2021			
6.	On behalf of (candidate name(s) & authorized campaign committee name(s)): Deborah Peoples, Dr. Michael Brooks MD (Treasurer)			
7.	Name, address & phone number of the contact person for the candidate or candidate's authorized campaign committee:			
9.	 a. Contact Name (please enter full name): V. Tucker Middleton b. Phone Number: c. Address: Name of treasurer of the candidate's authorized committee: Dr. Michael Brooks MD Describe of the Content of the Ad: . DMA:			
11.	Zones: Distribution Platform(s): Check if applies: □ Linear TV; □ VOD; □ Digital/websites/apps			
12.	12. 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.			