CIVIL COVER SHEET

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I. (a) PLAINTIFFS				DEFENDANTS								
WOMBLE BOND DICKINSON (US) LLP				FEDERAL COMMUNICATIONS COMMISSION								
1200 19th Street NW, Suite 500				445 12th Street SW								
Washington, DC 20036				Washington, DC 20554								
Washington, DC 20036				YVASHINGION, DO 20004								
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF D.C. (EXCEPT IN U.S. PLAINTIFF CASES)				COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT D.C. (IN U.S. PLAINTIFF CASES ONLY) NOTE: INLAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACE OF LAND INVOLVED.								
(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)				ATTORNEYS (IF KNOWN)								
Cathy A. Hinger												
Womble Bond Dickinson (US) LLP												
1200 19th Street NW, Suite 500												
Washington, DC 20036 (202) 857-4489												
	NOTION		177 070			~						
II. BASIS OF JURISDICTION (PLACE AN x IN ONE BOX ONLY)			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!									
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1 U.S. Government Plaintiff	_	deral Question .S. Government Not a Party)	Citizen of	this State	Oi	O ₁		ated or Princ		O 4	O 4	
2 U.S. Government Defendant	(lr	versity adicate Citizenship of	Citizen of	Another State	O 2	O 2		ated and Prin		O 5	O 5	
	Pa	irties in item III)	Citizen or Foreign C	Subject of a ountry	O 3	O 3	Foreign			O 6	O 6	
L		IV. CASE ASSIC										
(Place an X i	in one categ	ory, A-N, that best repres	ents your	Cause of Acti	on and	one in a	correspo	nding Nat	ure of Sui	t)		
O A. Antitrust	O B. Personal Injury/ Malpractice			O C. Administrative Agency Review			O D. Temporary Restraining Order/Preliminary					
410 Antitrust		-							Injunction		•	
	=	irplane		151 Medicare Act			Any nature of suit from any category					
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O G. Habeas Corpus/ 2255	O H. Employment Discrimination	⊙ I. FOIA/Privacy Act	O J. Student Loan						
530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	X 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act)	152 Recovery of Defaulted Student Loan (excluding veterans)						
	(If pro se, select this deck)	*(If pro se, select this deck)*							
K. Labor/ERISA (non-employment) 710 Fair Labor Standards Act 720 Labor/Mgmt. Relations 740 Labor Railway Act 751 Family and Medical Leave Act 790 Other Labor Litigation 791 Empl. Ret. Inc. Security Act	L. Other Civil Rights (non-employment) 441 Voting (if not Voting Rights Act) 443 Housing/Accommodations 440 Other Civil Rights 445 Americans w/Disabilities – Employment 446 Americans w/Disabilities – Other 448 Education	M. Contract 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)						
V. ORIGIN									
O 1 Original Proceeding Proceeding Court State Court S									
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C. Sec. 552 - Enforcement of FOIA request served on Federal Communications Commission									
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ Check YES only if demanded in complaint YES NO X									
VIII. RELATED CASE(S) (See instruction) If yes, please complete related case form IF ANY									
DATE: June 10, 2019 SIGNATURE OF ATTORNEY OF RECORD									
		1							

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident
 of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed <u>only</u> if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.