

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: Canal Partners Media
Contact Name: Chris Brimer
Phone Number: (770) 427-0735

Address:
900 Circle 75 Parkway, Suite 1650, Atlanta,
GA 30339

2. Date of request: 9/9/2021

3. Request received by: Maura Riley- Alexander Fiske

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

OR

Ad relates to state or local issue and does not 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:** Better Medicare Alliance
- b. **Contact Name:** Jonathan Frank
- c. **Phone Number:** (202) 735-0037
- d. **Address:** 1411 K St NW, Suite 1400, Washington, District of Columbia, 20005

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: *Click or tap here to enter text.*

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:

7. If ad refers to any national issues, identify ALL issues addressed (legislative or otherwise):
Healthcare

8. List ALL sponsor’s chief executive officers OR members of executive committee OR board of directors: Allyson Schwartz- CEO, Robin Goracke- COS, Board of Directors: Gary A Puckrein, Kenneth E Thorpe, Elena Rios

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 Content of the Ad (including any state or local issue mentioned in the content of the ad): Healthcare

11. DMA: __Portland, Eugene_____, Interconnect (Check if Yes)

Zones:

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

Linear TV; VOD; Digital/websites/apps

13. 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: __9/17/21_____