

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: GREER, Margolis, Mitchell, Burn

Phone Number: 202-338-8700

Contact Name: Kelly Polce

Address:
3050 K St. NW #100, Washington, DC, 20007

2. Date of request: 5.24

3. Request received by: Mackenzie Miller

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:** AARP
- b. **Contact Name:** Click or tap here to enter text.
- c. **Phone Number:** Click or tap here to enter text.
- d. **Address:** 601 E Street NW, Washington, DC 20049

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: Prescription drugs prices, congress, medicare, drug companies, David Price

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

8. List ALL sponsor’s chief executive officers OR members of executive committee OR board of directors: Jodi Sakol, David Rosenberg

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): prescription drug pricing

11. DMA: Boston, Eugene, Harlingen Interconnect (Check if Yes)

Zones:

Distribution Platform(s): Check if applies:

Linear TV; VOD; Digital/websites/apps

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.

Date ROR completed on: _____