

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 Burns
Contact Name:
Phone Number: 202-338-8700

Address: 3050 K St NW Ste 100, Washington,
DC 20007

- 2. Date of request:** 01/13/2022
3. Request received by: Ampersand
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:**
- d. **Address:** 601 E ST 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:**
- 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 – Vice President, Campaign Outreach
David Rosenberg – Director of Brand Advertising
- 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):

11. DMA: _____, 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: _____