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: American Med Advocacy Group	
	Contact Name: Steve Syckes	Address: 817 Slaters Lane Alexandria, VA 22134
2.	Date of request: 02/13/24	
3.	Request received by: 02/13/24	
4.	(check applicable box(es))	
	⊠Federal Candidate	☐ State or Local Candidate
	☑ PRIMARY ELECTION	☐ Democrat ☒ Republican ☐ Other
	☐ GENERAL ELECTION	☐ Democrat ☐ Republican ☐ Other
6.7.	Election (office sought & date): 03/05/2024 On behalf of (candidate name(s) & authorized campaign committee name(s)): Sandy Pensler & Sandy Pensler for Michigan Name, address & phone number of the contact person for the candidate or candidate's authorized campaign committee: David Satterfield a. Contact Name (please enter full name): b. Phone Number: c. Address: d. Name of treasurer of the candidate's authorized committee: Describe of the Content of the Ad: DMA:	
9.	Zones: Distribution Platform(s): Check if applies: □ Linear TV; □ VOD; □ Digital/websites/apps	
10.	Date and information provided,	if any:
13.	☐Accepted – see attached co	ontract details : Click or tap here to enter text.
14.	Additional Information: Click	or tap here to enter text.
Da	te ROR completed on:02/13	3/24