

**POLITICAL/ISSUE ADVERTISING  
INQUIRY/REQUEST PUBLIC FILE FORM**

Instructions: This form must be completed as to all requests, both oral and written, for broadcast time (1) to be used by or on behalf of a candidate for public office, or (2) involving a controversial issue of public importance (including political and legislative matters where there is no use by a legally qualified candidate). This form and its attachments are to be kept in the station's Public Inspection File for a period of two years.

Note: For issue advertisements where there is no use by a legally qualified candidate and the advertisement does not relate to any political or legislative matter of national importance, the station may elect to only complete Questions 1-10 of this form.

- 1) Date and time of request: September 17, 2021
- 2) Name of the person making request: Chris Brimer
- 3) Agency (if any): Canal Partners Media
- 4) Address of agency: 900 Circle 75 Pkwy Suite 1650  
Atlanta, GA 30339
- 5) Telephone number of agency: (770) 427-0735
- 6) Name of candidate or description of issue: \_\_\_\_\_
- 7) Name of candidate's authorized committee or name of issue ad sponsor: Better Medicare Alliance
- 8) Address of candidate's committee or issue ad sponsor contact: 1411 K Street NW Suite 1400  
Washington, DC 20005
- 9) Telephone number of candidate's committee or issue ad sponsor contact: (202) 735-0037
- 10) If the purchaser is not an individual, list the chief executive officers or members of the executive committee or of the board of directors of the entity or entities that is/are paying for the advertising (including treasurer of candidate's committee, if candidate ad) (use additional pages if necessary):

Name: Allyson Schwartz  
Name: Robin Goracke  
Name: Gary A Puckrein  
Name: Kenneth E. Thorpe  
Elena Rios

Title: CEO  
Title: COS  
Title: Board of Directors  
Title: Board of Directors  
Board of Directors

11) Programs or times requested  
(use additional pages if necessary):

see attached order

12) Dates requested  
(use additional pages if necessary):

13) Class of time requested  
(use additional pages if necessary):

14) Length of spot/program time requested  
(use additional pages if necessary):

15) Request made:

In writing?  Orally?   
(if in writing, attach and retain)

16) Disposition of request:  
(If not granted, state reason or reasons in space below. If denied in writing, attach and retain. If granted, attach contract, invoice and schedule of date and time on which the ad(s) actually aired, when available.)

Granted \_\_\_\_\_ Not Granted \_\_\_\_\_

17) If granted, rate charged  
(use additional pages if necessary):

*If the advertisement refers to a candidate (candidate or issue ad) please complete Questions 18-23:*

18) Name of candidate  
(if different from Question 6 on page one):

19) Political party of candidate:

20) Office for which candidate is running:

21) Is it a: Federal Office? \_\_\_\_\_ State Office? \_\_\_\_\_ Local Office? \_\_\_\_\_

22) Election for which candidate is campaigning: not affiliated with election

23) Date of election:

*If the request is by or on behalf of a candidate, please complete Questions 24-26:*

24) Request for documentation that candidate is legally qualified (attach any written documentation received.) Yes \_\_\_\_\_ No \_\_\_\_\_

25) Date Political Disclosure Statement submitted to requestor: \_\_\_\_\_

26) If federal candidate, has candidate or authorized committee signed Bipartisan Campaign Reform Act (BCRA) Certification? yes No \_\_\_\_\_

COMMENTS:

[Signature]  
Signature of Person Receiving Request On Behalf of Station