



2024 Political Advertising 24 Hour Form

This form is to be completed within one business day every time a request is made to purchase broadcast time for any Candidate or Issue / Advocacy advertiser. If an order is received, it must be uploaded to the FCC online public files and placed in the onsite public file by close of business on the day the order was booked.

Date and Time of Request: _____

Market & Station(s): _____

Media Buyer or Purchaser Representative: _____

Name of Agency (if applicable): _____

Advertiser Name: _____

Advertiser Type: ☐ Issue / Advocacy

☐ Candidate or Candidate's Authorized Committee

(If Candidate) Name of Candidate and Office Sought: _____

(if Issue / Advocacy) Name of Candidate, Election, and/or Issue(s) referred to: _____

Date and Type of Election: _____

☐ Primary ☐ General Election ☐ Other (specify - e.g. Runoff) _____

Advertiser Address: _____

Advertiser Telephone: _____

Campaign Treasurer (if Candidate) or Complete List of Executive Officers, Board of Directors, or CEO (if Issue / Advocacy): _____

Information Requested: _____

Request Received by: _____

This Form Prepared by: _____

Date This Form Prepared: _____

Called to confirm Identity/Contact Information of Media Buyer/Purchaser Representative: ☐