

NBCUniversal Owned Television Stations



**POLITICAL INQUIRY RECORD:
FEDERAL, STATE & LOCAL CANDIDATE ADS
ALL QUESTIONS MUST BE ANSWERED**

- Federal Candidate
 - State or Local Candidate
-

1. Requested by (Agency name, address, phone number & contact):

Agency Name: _____

Contact: _____

Phone Number: _____

Address: _____

2. On behalf of (Candidate name & authorized campaign committee name):

3. Election (Office sought & date): _____

4. Date of request: _____

5. Request received by: _____

6. Details: _____

7. Name, address & phone number of contact person for the candidate or candidate's authorized campaign committee:

Contact Name: _____

Phone Number: _____

Address: _____

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8. Name of treasurer of authorized committee: _____

9. Date and nature of follow-ups, if any: _____

10. Disposition:

- Accepted – see attached contract details
- Rejected – provide reason:

Additional Information: