



POLITICAL INQUIRY FORM
WBBM - Chicago
CANDIDATE

SPECIAL () PRIMARY () GENERAL () OUT OF WINDOW (x)

Window Dates: - Name of Requestor: Michael Dettorre Date of Request: 4/25/2017

1. AGENCY NAME, ADDRESS & PHONE Shorr Johnson Magnus
100 N. 20th Street
Philadelphia, PA 19103
215-567-4080

2. CANDIDATE'S AUTHORIZED COMMITTEE NAME, ADDRESS, PHONE & TREASURER JB Pritzker
JB For Governor
P.O. Box A3801
Chicago, IL 60609

Treasurer's Name: Lee Rosenberg

3. ORGANIZATION FURNISHING TAPES: See Line 1

4. CANDIDATE'S NAME: JB Pritzker

CANDIDATE SEEKING OFFICE OF: Governor
This is a STATE office

POLITICAL PARTY (if applicable): Democratic

5. NATURE OF REQUEST:
Request For CANDIDATE Card X
Requesting Political Rate Card All Dayparts, All Programs, All Levels Rates :30s

6. DISPOSITION MADE OF REQUEST:
a) Granted X
b) Avails Offered
c) Rejected

7. SUBSEQUENT DEVELOPMENTS/AMOUNT OF CHARGES: SEE FILE

8. REBATES

<u>Order #</u>	<u>Date</u>	<u>Amount</u>
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CBS EMPLOYEE COMPLETING FORM

Patti Keane for Allison Herger, CBS Television Stations, 5/2/17