


RECORD OF REQUEST FOR POLITICAL BROADCAST TIME OVER WTTE/WSYX/WWHO

1. Name and title of person making request _____
2. Advertising agency if one _____ Waterfront Strategies _____
3. Name and address of organization paying for time _____
4. Broadcast to favor candidacy of _____ Aft Solidarity _____
Office candidate running for _____
5. Political party to which candidate belongs _____
6. Date of Request _____ 5/19/16 _____
7. Nature of request
☒ X Information as to availabilities
☐ Request to purchase announcement (s) and/or program (s)
☐ Request for broadcast time at no cost to candidates or supporters
☐ Other request
8. Disposition made of request (attach explanatory statement if necessary)
☒ X Granted (give dates, times, length)
☐ Denied (give reason)
☐ Withdrawn (give reason)
☐ Availabilities offered (give dates, times, length)
9. Subsequent developments, if any (give details, attach explanatory statement, if necessary)
10. Amount of charges
\$ _____ Gross \$ _____ Net Contract #: _____

Name of WTTE/WSYX/WWHO employee completing this form:



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