

Katz Television Group-Washington, DC

Station:

Date of Request:

Candidate:

Office Sought:

Campaign:

Address:

City:

Officer Name:

Title:

Phone:

Inquiry Made By:

Of:

On Behalf Of:

Manager

Agency

Check:

Request Received By:

Information Requested:

POLITICAL RATES

Information Supplied:

AS REQUESTED

To be filled in by station

Accepted By:

Date:

Time

Final Disposition:

Payment Received:

Date _____

Copy Approved by: