

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

- Federal Candidate
- State or Local Candidate

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**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:**