NBCUniversal Owned Television Stations

POLITICAL INQUIRY RECORD: FEDERAL, STATE & LOCAL CANDIDATE ADS <u>ALL QUESTIONS MUST BE ANSWERED</u>

	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: