

CANDIDATE REQUEST FOR POLITICAL BROADCAST INFORMATION OR TIME

Date of Request: 1-28-16 Time of Request: \_\_\_\_\_

Candidate Name: John Brunner

Party: Republican

Candidate for: Governor MD  
(Office) (Location)

Candidate's Authorized Committee: See NAB

Treasurer of Candidate's Authorized Committee: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Agency for Candidate (if any): \_\_\_\_\_

Name of Person Requesting Information/Time: \_\_\_\_\_

Information Requested: \_\_\_\_\_

- Rates for \_\_\_\_\_
- Availabilities for \_\_\_\_\_
- Other: \_\_\_\_\_

Disposition of Request:

☒ Accepted ☐ Rejected ☐ Accepted or Rejected in part (attach explanation)

Rate Charged for Spot: see order

Class of Time Purchased: ordered 2/1/16

Air Date and Time (attach a schedule of the advertising or program time provided, if necessary): \_\_\_\_\_

see attached

Rebate Paid (if any): NA

Disclosure Statement Provided by Station: ☐ Yes ☐ No ☒ Previously provided

BCRA Certificate (for Federal candidates only) Provided: ☐ Yes ☒ No ☐ Previously provided

Other Information: \_\_\_\_\_

Inquiry Received By: Grazi Dreiling