Candidate Request for Political Broadcast Information or Time

Date of Request: _____ **Time of Request:** _____

Candidate Name: _____

Party: _____

Candidate for: _____ _____
(Office) (Location)

Candidate's authorized Committee: _____

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: _____

Class of Time Purchased: _____

Air date and Time (attach a schedule of the advertising or program time provided, if necessary) : ____

_____

Rebate Paid (if any): _____

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: _____