

CANDIDATE REQUEST FOR POLITICAL BROADCAST INFORMATION OR TIME

Date of Request: 10/19/17 Time of Request: 3pm

Candidate Name: Chris Abele

Party: Democrat

Candidate for: County Executive Milwaukee County
(Office) (Location)

Candidate's Authorized Committee: see form

Treasurer of Candidate's Authorized Committee: provided by Katz

Address: see

Telephone: katz form

Agency for Candidate (if any): Katz Group Sales

Name of Person Requesting Information/Time: Diahann Strickland

Information Requested: wmyx Rates

- Rates for 10/19 - election day
- Availabilities for wmyx
- Other: _____

Disposition of Request:

Accepted Rejected Accepted or Rejected in part (attach explanation)

Rate Charged for Spot: see attached

Class of Time Purchased: _____

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

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: Donna Kern

TO BE COMPLETED BY ACCOUNT EXECUTIVE EVERY TIME A
POLITICAL INQUIRY COMES IN (REGARDLESS OF WHETHER OR NOT
TIME IS PURCHASED)

CERTIFICATE OF DISCLOSURE

CANDIDATE Chris Abele for County Executive

REPRESENTATIVE (if applicable) _____

METHOD OF DISCLOSURE OF THIS DISCLOSURE STATEMENT (check any that apply):

- Mailed to: _____ (person's name) on _____ (date).
- By facsimile to: _____ (person's name) on _____ (date).
- By email to: Diahann Strickland (person's name) on 10/19/17 (date).
(Katz Chicago)
- In Person to: _____ (person's name) on _____ (date).

ACCOUNT EXECUTIVE: 
(signature)

DATE: 10/19/17