

REQUEST FOR POLITICAL TIME

Local, State, Federal Candidates Issue Advertising

Date:				
On,			_1	
(Date)	(Authorized person/com	nmittee or candidate)		(Phone/fax/email)
Requested for				, candidate for the office of
	(Name of o	candidate)		
Maui County	Council - West Maui	·		
Length:			Rate Card:	
Class of Time:				
Rate:			Political Kit:	
Times per Week: _			Book Produc	tion Room:
Broadcast Dates: _	10/6/2020 - 11/3/2020		Mailed, faxed	d emailed to:
Specific Program:				
- .				

The request was:

- o Accepted
- o Rejected

Note: This form must be filled out immediately after each órequestô has been made and placed in the stationôs political file. If the transaction has been finalized by acceptance or rejection, the NAB political broadcast form will, as soon as possible, be completed and placed in the political file.

311 Ano Street Kahului, HI 96732-1304 [Office] 808.877.5566 [Fax] 808.871.0666 <u>www.pmghawaii.com</u> <u>www.MauiNow.com</u>

KPOA	KJMD	KJKS	KLHI	KMVI	KNUI
02 E EM	00.2 EM	00 0 514	00 5 514	400 F EN / 000 ANA	100 2 EM / EEO AM
93.5 FM	98.3 FM	99.9 FM	92.5 FW	102.5 FM / 900AM	100.3 FM / 550 AM