

o Rejected

## REQUEST FOR POLITICAL TIME

Local, State, Federal Candidates Issue Advertising

Date:	<del></del>	
On, (Date)	(Authorized person/committee or candidate)	,(Phone/fax/email)
Requested for	(Name of candidate)	, candidate for the office of
County Co	uncil	
Class of Time: Rate: Times per Week: _ Broadcast Dates: _		Rate Card: Information: Political Kit: Book Production Room: Mailed, faxed emailed to:
The request was:  o Accepted		

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
93.5 FM	98.3 FM	99.9 FM	92.5 FM	102.5 FM / 900AM	100.3 FM / 550 AM