



**2024 Political Advertising 24 Hour Form**

This form is to be completed within one business day every time a request is made to purchase broadcast time for any Candidate or Issue / Advocacy advertiser. If an order is received, it must be uploaded to the FCC online public files and placed in the onsite public file by close of business on the day the order was booked.

Date and Time of Request: \_\_\_\_\_

Market & Station(s): \_\_\_\_\_

Media Buyer or Purchaser Representative: \_\_\_\_\_

Name of Agency (if applicable): \_\_\_\_\_

Advertiser Name: \_\_\_\_\_

Advertiser Type:       Issue / Advocacy  
                                  Candidate or Candidate's Authorized Committee

*(If Candidate)* Name of Candidate and Office Sought: \_\_\_\_\_

*(if Issue / Advocacy)* Name of Candidate, Election, and/or Issue(s) referred to: \_\_\_\_\_

Date and Type of Election: \_\_\_\_\_

Primary       General Election       Other (specify - e.g. Runoff) \_\_\_\_\_

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

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

Campaign Treasurer (if Candidate) or Complete List of Executive Officers, Board of Directors, or CEO (if Issue / Advocacy): \_\_\_\_\_

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

Request Received by: \_\_\_\_\_

This Form Prepared by: \_\_\_\_\_

Date This Form Prepared: \_\_\_\_\_

Called to confirm Identity/Contact Information of Media Buyer/Purchaser Representative: