POLITICAL INQUIRY FORM (TO BE COMPLETED BY STATION REPRESENTATIVE RESPONDING TO THE INQUIRY)

INSTRUCTIONS: This form must be completed as to all <u>requests</u>, both oral and written, for broadcast time to be used by or on behalf of (1) a candidate for public office or(2) persons who wish to communicate a message relating to "any political matter of national importance," as defined in the Bipartisan Campaign Reform Act of 2002. It is to be kept in the Station Public File for a period of two years.

STATION DATE OF REQUEST:
INQUIRY MADE BY:
AGENCY (if any):
ADDRESS OF AGENCY:
CITY, STATE, ZIP OF AGENCY:
TELEPHONE NUMBER OF AGENCY:
CANDIDATE:
ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY):
IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE:
ADDRESS OF COMMITTEE:
CITY, STATE, ZIP OF COMMITTEE:
TELEPHONE NUMBER OF COMMITTEE:
COMMITTEE OFFICERS:
Chairman:
Vice Chairman:
Treasurer:
Secretary:
Is this the Candidate's Authorized Committee? () yes () no
OFFICE SOUGHT: PARTY AFFILIATION:
() federal () state () local
ELECTION AND DATE:
() primary () general

FOR ISSUE ADS ONLY:

DATES REQUESTED:

LENGTH OF SPOT/PROGRAM TIME REQUESTED:

REQUEST MADE:

() in writing () orally If request is made in writing, attach and retain.

STATION OFFER:

DISPOSITION OF REQUEST:

() granted () denied If not granted, state reasons in space below. If denied in writing, attach and retain. If granted, attach contract and invoice, when available.

REQUEST FOR DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED:

() yes () no Attach any written documentation received.

DATE POLITICAL DISCLOSURE FORM SUBMITTED TO REQUESTOR:

COMMENTS

STATION REP	
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REVIEWED	