

# Request for Broadcast time by or on Behalf of a Candidate for Public Office or by a Non-Candidate Group

Instructions: This form must be completed for all requests, both oral and written, for broadcast time for or on behalf of candidates for political office. It is to be kept in the station public file for a period of two years. It can also be used for a voluntary record of requests from non-candidate groups.

1. Date and time of request: 11-01-2022
  2. Name of person making the request: Tom Naasz
  3. Ad agency (if any): N/A
  4. Address of ad agency: N/A
  5. Telephone number of ad agency: N/A
  6. Name of candidate: Tom Naasz
  7. If sponsor is the candidate's authorized committee, name of committee: \_\_\_\_\_
  8. Address of candidate's committee: 710 Highland Avenue Beloit IA
  9. Telephone number of committee: 785-738-8019 67420
  10. Political party of candidate: Republican
  11. Office for which candidate is running: Mayor Beloit  
Federal office \_\_\_\_\_ State office \_\_\_\_\_ Local office
  12. Election for which candidate is campaigning: General
  13. Date of election: 11-07-2023 primary \_\_\_\_\_ or general \_\_\_\_\_
  14. Request for documentation that candidate is legally qualified: Yes \_\_\_\_\_ No \_\_\_\_\_  
(attach any written documentation received)
  15. Name of non-candidate organization: N/A
  16. Primary address of organization: \_\_\_\_\_
  17. Telephone number of organization: \_\_\_\_\_
  18. Contact person at organization: \_\_\_\_\_
  19. Web address: \_\_\_\_\_
  20. Officers of organization: \_\_\_\_\_
- Type of organization: 501(c)(3) \_\_\_\_\_ 501(c)(4) \_\_\_\_\_ Sec. 527 \_\_\_\_\_ Political Party \_\_\_\_\_

21. If political party, what kind of expenditure is this:

On behalf of federal candidate \_\_\_\_\_ Coordinated federal \_\_\_\_\_ Independent federal \_\_\_\_\_

Other \_\_\_\_\_

22. Programs or times requested: POS Am/PM 11/03 - 11/07/2023

23. Dates requested: 11/01/2023

24. Length of spot/program time requested: :30 sec

25. Request made: In writing \_\_\_\_\_ Orally  (If request made in writing, attach and retain)

26. Station offer: Rate card  Other: \_\_\_\_\_

27. Disposition of request: Granted  Not granted \_\_\_\_\_ (If not granted, state reason(s) in space below. If denied in writing, attach and retain. If granted, attach contract and invoice, when available).

28. Political disclosure form submitted to requester: 11/01/2023 (date)

Comments:

Date: 11/01/2023 Thomas R. Nard  
Candidate or Agent

Accepted by: Shanki Lewis

Title: Sales Mgr

P.O. Box 7  
 Beloit, Kansas 67420  
 (785) 738-2206  
**KVSV**

AM  FM  Salesman JK Notorize - Yes OR No End of Schedule OR End of Month

Advertiser Tom Naasz for Mayor Contact Tom Naasz

Agency \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Starting Date 11/03/2023 Expiration Date 11/07/2023 Phone \_\_\_\_\_

1st Co-op \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

2nd Line \_\_\_\_\_ Email \_\_\_\_\_

Cart #'s \_\_\_\_\_

Cart #'s \_\_\_\_\_

Salesman Notes political Date 11.01.2023

- 1. Total Number 30 AM Length 30 Rate per Spot 4.50 Total \_\_\_\_\_
- 2. Total Number 30 PM Length 30 Rate per Spot 4.50 Total \_\_\_\_\_
- 3. Total Number \_\_\_\_\_ Length \_\_\_\_\_ Rate per Spot \_\_\_\_\_ Total \_\_\_\_\_
- 4. Total Number \_\_\_\_\_ Length \_\_\_\_\_ Rate per Spot \_\_\_\_\_ Total \_\_\_\_\_
- 5. Total Number \_\_\_\_\_ Length \_\_\_\_\_ Rate per Spot \_\_\_\_\_ Total \_\_\_\_\_

J \_\_\_\_\_ M \_\_\_\_\_ S \_\_\_\_\_  
 F \_\_\_\_\_ J \_\_\_\_\_ O \_\_\_\_\_  
 M \_\_\_\_\_ J \_\_\_\_\_ N \_\_\_\_\_  
 A \_\_\_\_\_ A \_\_\_\_\_ D \_\_\_\_\_

*Agency*

Gross Total 270

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1					$\frac{13}{7}$	$\frac{64}{6}$	$\frac{65}{6}$
Week 2	$\frac{1}{7}$ <sup>6</sup>	$\frac{4}{4}$ <sup>7</sup> before 12:30 pm					
Week 3							
Week 4							
Week 5							
Week 6							