

RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME

CANDIDATE/AUTHORIZED COMMITTEE FORM

FORM TO BE COMPLETED AT TIME OF ORDER AND PLACED IN POLITICAL/ PUBLIC INSPECTION FILE

1. **Date of Request:** 6/15/19
2. **Name of Agency making the Request:** Medium Buying LLC
3. **Address of Agency making the Request:** 3380 Tremont Rd Suite 290
Columbus, OH 43221
4. **Name of Agency Contact making the Request:** Katherine Cookson
5. **Telephone Number of Agency Contact making the Request:** 937-313-6385
6. **Name of Candidate:** Greg Gianforte
7. **Name of Candidate's Authorized Committee:** Greg for Montana
8. **Name of Treasurer of Candidate's Committee:** Lorna Kuney
9. **Legally-Qualified Candidate for the Office of:** Governor of Montana
In the County of: _____
10. **Election:**
- | | | | | | | | |
|------------------|-------------------------------------|----------|--------------------------|------------|-------------------------------------|-------|--------------------------|
| PRIMARY ELECTION | <input checked="" type="checkbox"/> | Democrat | <input type="checkbox"/> | Republican | <input checked="" type="checkbox"/> | Other | <input type="checkbox"/> |
| GENERAL ELECTION | <input type="checkbox"/> | Democrat | <input type="checkbox"/> | Republican | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| CAUCUS | <input type="checkbox"/> | Democrat | <input type="checkbox"/> | Republican | <input type="checkbox"/> | Other | <input type="checkbox"/> |
11. **Request to Purchase Time:** ACCEPTED BY SYSTEM REJECTED BY SYSTEM
12. **Reason for Rejection:**

13. **If request to purchase time is ACCEPTED attach a copy of (i) the Insertion Order/Agreement including schedule of time purchased, rates charged, class of time purchased, (ii) Invoice, and (iii) Affidavit of Performance indicating dates and times the advertisement aired.**

Signed: _____ **Date:** _____
Signature of Individual Receiving Request