

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

INSTRUCTIONS: This form must be completed as to all requests, 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.

KKL

STATION	DATE OF REQUEST:
KCCY KVVU	2/1/19

INQUIRY MADE BY: Shari Gore

AGENCY (if any): Sandia Advertising

ADDRESS OF AGENCY: 510 North Tejon Street

CITY, STATE, ZIP OF AGENCY: Colorado Springs, CO 80903

TELEPHONE NUMBER OF AGENCY: 719-602-2724

CANDIDATE: John Suthers

ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY): John Suthers for Mayor

IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE: John Suthers for Mayor Committee

ADDRESS OF COMMITTEE: PO Box 80

CITY, STATE, ZIP OF COMMITTEE: Colorado Springs CO 80901

TELEPHONE NUMBER OF COMMITTEE: 719-644-6293

COMMITTEE OFFICERS:

Chairman:

Vice Chairman:

Treasurer:

Secretary:

Is this the Candidate's Authorized Committee? ☒ yes ☐ no

OFFICE SOUGHT: Mayor PARTY AFFILIATION: Republican

☐ federal ☐ state ☒ local

ELECTION AND DATE: 4/2/19

☐ primary ☒ general

FOR ISSUE ADS ONLY:

- a. Candidate(s) and offices (if any) referred to: _____

- b. Federal election(s) (if any) referred to: _____
- c. Issue(s) discussed: _____
- d. Name, Address, Phone Number of Contact: _____

DATES REQUESTED:

2/27 - 4/1

LENGTH OF SPOT/PROGRAM TIME REQUESTED:

:60s

REQUEST MADE:

() in writing

☒ orally

If request is made in writing, attach and retain.

STATION OFFER:

LUR non-preemptable

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	EM
REVIEWED	

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐

FEDERAL CANDIDATE

☒

STATE/LOCAL CANDIDATE

To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location:

KCCY KVVU KKL1 Colorado Springs

Date:

2/1/19

I, Shari Gore,being/on behalf of: Mayor John Suthers, a legallyqualified candidate of the Republican politicalparty for the office of: Mayorin the consolidated generalelection to be held on: 4/2/19

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
see attached					

Total Charges:

For programming that, in whole or in part, "communicates a message relating to any political matter of national importance," list the matters below:

I represent that the payment for the above described broadcast time has been furnished by:

John Suthers for Mayor

and you are authorized to announce the time as paid for by such person or entity.

I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

To Be Signed By Candidate or Authorized Committee

Date

Signature

To Be Signed By Station Representative

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name

Title

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

I, _____
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ **does**

☐ **does not**

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

☐ the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.

☐ the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.

signature of candidate or authorized committee

printed name

date

AGREED UPON SCHEDULE

(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF
CANDIDATE'S REQUEST)

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges:

AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- (1) actual air time and charges for each spot;
- (2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- (3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

Note: Because the FCC requires that the political file contain the actual times the spots air, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired.