



Political Client
Information Request Form

Candidate Name: Garret Graves

Official Campaign Name: Garret Graves for Congress

Address: P.O. Box 64845

City, State & Zip Code: Baton Rouge, La 70896

Campaign Phone: (225) 241-3901

Campaign Fax: (225) 372-7493

Campaign Contact Person: Scott Hobbs

Campaign Treasurer: Christel Slaughter

**POLITICAL/ISSUE ADVERTISING
INQUIRY/REQUEST PUBLIC FILE FORM**

Instructions: This form must be completed as to all requests, both oral and written, for broadcast time (1) to be used by or on behalf of a candidate for public office, or (2) involving a controversial issue of public importance (including political and legislative matters where there is no use@ by a legally qualified candidate). This form and its attachments are to be kept in the station's Public Inspection File for a period of two years.

Note: For issue advertisements where there is no use@ by a legally qualified candidate and the advertisement does not relate to any political or legislative matter of national importance, the station may elect to only complete Questions 1-10 of this form.

1. Date and time of request: 9/15 1036A
2. Name of the person making request: CHRISTINE RUSIC
3. Agency (if any): MONTZOR MEDIA
4. Address of agency: 600 FAIRMOUNT AVE. STE 306
TOWSON, MD 21286
5. Telephone number of agency: 410-825-7034
6. Name of candidate or description of issue: GARRET GRAYSON
7. Name of candidate=s authorized committee or name of issue ad sponsor: GARRETT GRAYSON FOR CONGRESS
PO BOX 64845
8. Address of candidate=s committee or issue ad sponsor contact: BATON ROUGE, LA 70896
9. Telephone number of candidate=s committee or issue ad sponsor contact: 225-241-3901
10. If the purchaser is not an individual, list the chief executive officers or members of the executive committee or of the board of directors of the entity or entities that is/are paying for the advertising (including treasurer of candidate's committee, if candidate ad) (use additional pages if necessary):

Name: <u>CHRISTINE SAMPSON</u>	Title: <u>TREASURER</u>
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

11. Programs or times requested
(use additional pages if necessary): ALL
12. Dates requested
(use additional pages if necessary): 9/23-11/4
13. Class of time requested
(use additional pages if necessary): ALL
14. Length of spot/program time requested
(use additional pages if necessary): :30
15. Request made: In writing? ☒ Orally? ☐
(if in writing, attach and retain)
16. Disposition of request: Granted ☒
Not Granted ☐

If not granted, state reason or reasons in space below. If denied in writing, attach and retain.
If granted, attach contract, invoice and schedule of date and time on which the ad(s) actually
aired, when available.)

17. If granted, rate charged
(use additional pages if necessary): _____

*If the advertisement refers to a candidate (candidate or issue ad), please complete
Questions 18-23.*

18. Name of candidate
(if different from Question 6 above): _____
19. Political party of candidate: REPUBLICAN
20. Office for which candidate is running: US HOUSE - CA 6
21. Is it a: Federal Office? ☒ State Office? ☐
Local Office? ☐
22. Election for which candidate is
campaigning: GENERAL open Primary / Congressional
23. Date of election: 11/4/14

If the request is by or on behalf of a candidate, please complete Questions 24-26.

24. Request for documentation that candidate
is legally qualified. (Attach any written
documentation received.) Yes ☐ No ☐
25. Date Political Disclosure Statement
submitted to requestor: 9/15/14
26. If federal candidate, has candidate or
authorized committee signed Bipartisan
Campaign Reform Act (BCRA)
Certification? Yes ☒ No ☐
(attach copy)

COMMENTS:

[Signature]
Signature of Person Receiving Request On
Behalf of Station