## **POLITICAL INQUIRY FORM**

KMAG/KWHN

**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	KMAGKUHU	DATE OF REQUEST:	3/8/18
		7		
INQUIRY MADE BY: Bob Collins				
AGENCY (if any): WordsmithWriting				
ADDRESS OF AGENCY: P.O. Box 10918				
CITY, STATE, ZIP OF AGENCY: Fort Smith, AR, 72917				
TELEPHONE NUMBER OF AGENCY: 479-522-7490				
CANDIDATE: Denny Altes				
ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY):				
IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE: - no committee -				
ADDRESS OF COMMITTEE: 9705 Huy 715				
CITY, STATE, ZIP OF COMMITTEE: FT SMHN, ARKANSAS 72903				
TELEPHONE NUMBER OF COMMITTEE: 479-646-0956				
COMMITTEE OFFICERS: Chairman: Bob Collins				
Vice Chairman:				
Treasurer: Susan AlteS				
Secretary:				
ls	this the Candidate'	s Authorized Committee? (	) yes ( ) no	
OFFICE SOUGHT: Senate PARTY AFFILIATION: Republican				
	( ) federal	(x) state	( ) local	
ELECTION AND DATE: Special primary May 22, 2018				
( X ) primary ( ) general				

FOR ISSUE A	ADS ONLY: (a, b, c, and d)
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 REQU	JESTED:
LENGTH OF S	SPOT/PROGRAM TIME REQUESTED:
REQUEST MA ( ) in If reque	$\Lambda$
STATION OFF	ER:
gra If flot g	OF REQUEST: anted ( ) denied ranted, state reasons in space below. If denied in writing, attach and retain. If l, attach contract and invoice, when available.
(N) yes	R DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED:  any written documentation received.
DATE POLITIC	CAL DISCLOSURE FORM SUBMITTED TO REQUESTOR:

## **COMMENTS**

STATION REP