**POLITICAL INQUIRY FORM** 

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.

STATION KMAG/KWHN DATE OF REQUEST: 10-18-18
INQUIRY MADE BY: Jim Olse N
AGENCY (if any): Jim Olsen for State Rep
ADDRESS OF AGENCY: 108792 South 4767 Rd
CITY, STATE, ZIP OF AGENCY: Roland, DK 74954
TELEPHONE NUMBER OF AGENCY: (918) 235-1/25
CANDIDATE: Jim Olsen
ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY): Olsen for State Rep 20
IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE: Committee to Elect Jim Olse
ADDRESS OF COMMITTEE: 2300 N. Limola Blad
CITY, STATE, ZIP OF COMMITTEE: OKAHOWA CHU OK 73105
TELEPHONE NUMBER OF COMMITTEE: 405-557-7315
COMMITTEE OFFICERS: Chairman:
Vice Chairman:
Treasurer: Jim Olsen
Secretary:
Is this the Candidate's Authorized Committee? ( ) yes ( ) no
OFFICE SOUGHT: PARTY AFFILIATION: Republican
( ) federal ( ) state ( ) local
ELECTION AND DATE: 11-6-18
( ) primary ( ) general

FUR	100UE	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:
DATE	S REQ	UESTED:
LENG	TH OF	SPOT/PROGRAM TIME REQUESTED: // MINUTE
	JEST M ( ) ir If requ	orally uest is made in writing, attach and retain.
REQU	f not grante  JEST FO  Attach	N OF REQUEST: ranted ( ) denied granted, state reasons in space below. If denied in writing, attach and retain. I ed, attach contract and invoice, when available.  OR DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED: es ( ) no any written documentation received.
DATE	POLITI	CAL DISCLOSURE FORM SUBMITTED TO REQUESTOR:
		COMMENTS
		STATION REP DE (D) WILLIAM
		REVIEWED