



**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 Public Inspection File for a period of two years.

1. Date and time of request: 8/24/22 11:34am
2. Name of the person making request: Sydney Petersen
3. Agency (if any): Sage Media
4. Address of agency: 1322 G St., SE
Washington Dc, 20003
5. Telephone number of agency: 202-675-6936
6. Name of candidate or description of issue: South Dakotans Decide Healthcare
7. Name of candidate's authorized committee or name of issue ad sponsor: TBA
8. Address of candidate's committee or issue ad sponsor contact: TBA
9. Telephone number of candidate's committee or issue ad sponsor contact: TBA

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 (include treasure or candidate's committee, if candidate ad) (use additional pages if necessary):

Name: _____	Title: _____
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): 3/4Q 2022
13. Class of time requested
(use additional pages if necessary): Issue
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: _____

20. Office for which candidate is running:

21. Is it a: Federal Office? State Office?
Local Office?

22. Election for which candidate is campaigning:

23. Date of election: 11/8/22

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 Form submitted to requestor: _____yes_____

26. If federal candidate, has candidate or authorized committee signed Bipartisan Campaign Reform Act (BCRA) Certification? Yes No
(attach copy)

COMMENTS:

Jeanine Tsoukalas

Jeanine Tsoukalas / Katz Television Group
Signature of Person Receiving Request On
Behalf of Station