

CANDIDATE APPEARANCE FORM

NAME OF CANDIDATE: Rep. HULTGREN PARTY AFFILIATION: _____

NAME OF PROGRAM IN WHICH
APPEARANCE TOOK PLACE: C2N INTERVIEW

DATE AND TIME OF BROADCAST: 4-17-14

LENGTH OF TIME OF CANDIDATE APPEARANCE: _____

OFFICE BEING SOUGHT: _____

OFFICE CURRENTLY HELD, IF ANY: _____

ADDRESS OF CAMPAIGN HEADQUARTERS: _____

NAME OF CAMPAIGN MANAGER: _____

DATE OF ELECTION: (Primary) _____ (General): _____

DO NOT WRITE BELOW THIS LINE

LEGAL AND BUSINESS AFFAIRS DEPARTMENT

I. Available Exemption(s), if any: _____

BONA FIDE INTERVIEW

II. Equal Opportunity Requests:

<u>Candidate</u>	<u>Date of Request</u>	<u>Disposition of Request</u>
DENNIS ANDERSON	4-18-14	DEINED BASED ON BONA FIDE NEWS INTERVIEW