POLITICAL INQUIRY FORM

KKBD
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		DATE OF REQUEST:	10/9/18

INQUIRY MADE BY: Chip Paris

AGENCY (if any): Paris Marketing & Public Relations LLC

ADDRESS OF AGENCY: PO Box 5432

CITY, STATE, ZIP OF AGENCY: Fort Smith AR 72913

TELEPHONE NUMBER OF AGENCY: 479-459-6466

CANDIDATE: Justin Boyd

ORGANIZATION OR SPONSORING AUTHORITY (WHO WILL PAY): Agency - see above

IF SPONSOR IS A COMMITTEE, NAME OF COMMITTEE: Committee to Re-Elect Justin Boyd

ADDRESS OF COMMITTEE: PO Box 2625

CITY, STATE, ZIP OF COMMITTEE: Fort Smith AR 72902

TELEPHONE NUMBER OF COMMITTEE: 479 221 5864

COMMITTEE OFFICERS:

Chairman:

Vice Chairman:

Treasurer: Steve Rader

Secretary:

Is this the Candidate's Authorized Committee? (✓) yes   ( )   no

OFFICE SOUGHT: PARTY AFFILIATION:
( ) federal   (✓) state   ( ) local

ELECTION AND DATE:
( ) primary   (✓) general

FOR ISSUE 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 REQUESTED: 10/12 — 11/6/18

LENGTH OF SPOT/PROGRAM TIME REQUESTED: :30

REQUEST MADE:
   (✓) in writing   ( ) orally
   If request is made in writing, attach and retain.

STATION OFFER: _____

_____

DISPOSITION OF REQUEST:
   ( ) granted   ( ) denied
   If not granted, state reasons in space below. If denied in writing, attach and retain. If granted, attach contract and invoice, when available.

REQUEST FOR DOCUMENTATION THAT CANDIDATE IS LEGALLY QUALIFIED:
   ( ) yes   ( ) no
   Attach any written documentation received.

DATE POLITICAL DISCLOSURE FORM SUBMITTED TO REQUESTOR: _____

COMMENTS

STATION REP	
REVIEWED	