



Candidates On-the-Air During Election Season

You must fill out this form if you have any candidates on the air

Program Name: _____

Date of Broadcast: _____

Time and duration of candidate broadcast: _____

Candidate or Candidates Name(s) and office they are running for:

List other candidates in the race. Air time offered? Their response and/or air-time scheduled

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been approached by any candidates for airplay?
If so, by whom and when? What was your response?

Your Name: _____

Date: _____