CANDIDATE/AUTHORIZED COMMITTEE RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME

FORM MUST BE COMPLETED FOR ALL REQUESTS (ORAL OR WRITTEN) AND PLACED IN THE POLITICAL/PUBLIC INSPECTION FILE

1. Date of Request: 01/31/2020

2. Name of Person making the Request: MARIANNE CAMPBELL

3. Address and phone number of Person making the Request:
   566 South NY-303 Blauvelt NY 10913
   203-966-9757

4. Name of Candidate: RON CUTSINGER

5. Name of Candidate's Authorized Committee:

6. Name of Treasurer of Committee: NOREEN A. FENNER

7. Legally Qualified Candidate for the Office of:

8. PRIMARY ELECTION
   Democrat ______ Republican ____ Other _____
   GENERAL ELECTION
   Democrat ______ Republican ______ Other _____
   CAUCUS
   Democrat ______ Republican ______ Other _____


10. Information Provided: SAME AS ABOVE

11. Request to Purchase Time: ____ ACCEPTED _____ REJECTED

12. Is free time provided for use by or on behalf of candidates? Yes _____ No ____
13. If request to purchase time is ACCEPTED attach a copy of (i) the Insertion Order/Agreement including schedule of time purchased, rates charged, class of time purchased, (ii) Invoice, and (iii) Affidavit of Performance indicating dates and times the advertisement aired.

Signed: [Signature]  Date: 7/1/2020

Signature of Individual Receiving Request