



Affiliate Proof of Performance & Audience Affidavit

Station Name:	URL:
Mailing Address:	
State:	Zip:
Email:	Phone:
Time Zone: (circle) Eastern Central Mountain Pacific	

Please place a check (✓) below the month you are reporting.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Please indicate the program(s) for which you are reporting.

NEWS
 PROGRAM

Audience averages for Monday-Friday			
Broadcast Week	9am-12noon	12noon-4pm	9am-4pm
/ /			



Your signature below is testimony that all information provided on this form is accurate.

Signature or Station Official: _____ Date: _____