



# Buy Detail Report

Order #: 292-3715      Revision #:      Date: 10/18/2018

**Client:** Friends of Scott Walker      **Estimate:** 292      **Vendor:** WCOW-FM      **Send Billing To:** Nonbox  
**Media:** Radio      **Description:** 2018R SWF General Rated Market 1023      113 W. Oak Street      5307 S. 92nd Street  
**Product:** Scott Walker for Governor      **Flight Start Date:** 10/23/2018 05:00 AM  
**Market:** La Crosse      **Flight End Date:** 11/5/2018 04:59 AM      Sparta, WI 54656      Hales Corners, WI 53130  
Phone: 414-425-8800

**Separation between spots:** 30      **Buyer:** Cindy Murphy      **Phone:** 608-269-3100  
**Fax:** 608-269-5170

**Format:** Country

Daypart Program	Daypart Code	STN Gross	Days Dur	Tue 10/23	Wed 10/24	Thu 10/25	Fri 10/26	Sat 10/27	Sun 10/28	Mon 10/29	Tue 10/30	Wed 10/31	Thu 11/1	Fri 11/2	Sat 11/3	Sun 11/4	Mon 11/5	Total Spots
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WCOW-FM	MTuWThF 5:00a-11:00p	MD		4	4	4	4	4	4	4	4	4	4	4			4	40
			<b>Total Spots:</b>	4	4	4	4	4	4	4	4	4	4	4			4	40
			<b>Total Cost:</b>	\$706.00														40

## Market Monthly Summary

OCT 18	\$282.40	16
NOV 18	\$423.60	24
<b>Total Cost:</b>	\$706.00	40

# AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)  
☐ FEDERAL CANDIDATE    ☒ STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location: WCOW-FM, Sparta WI	Date: 10/19/18
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I, William Eisner & Associates dba nonbox  
 being/on behalf of: Friends of Scott Walker  
 a legally qualified candidate of the Republican  
 political party for the office of: Governor of WI  
 in the General  
 election to be held on: 11/6/2018  
 do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
:60	see schedule	see schedule	see schedule	see schedule	see schedule

Attach proposed schedule with charges (if available):

I represent that the payment for the above described broadcast time has been furnished by:

**Friends of Scott Walker**

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

**Kate Lind**

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

**To Be Signed By Candidate or Authorized Committee**

**Date**

**10/19/18**

**Signature**

**Cindy Murphy**

Digitally signed by Cindy Murphy  
Date: 2018.10.19 08:10:15 -05'00'

**To Be Signed By Station Representative**

☐ Accepted

☐ Accepted in Part

☐ Rejected

**Signature**

**Printed Name**

**Title**

FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

I, **Friends of Scott Walker**

(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ **does** ☒ **does not**

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

☒ the **radio** programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.

☐ the **television** programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.

**Cindy Murphy**

Digitally signed by Cindy Murphy  
Date: 2018.10.19 08:10:44 -05'00'

signature of candidate or authorized committee

printed name

date

**AGREED UPON SCHEDULE**  
**(TO BE FILLED IN ONLY IF STATION DOES NOT ACCEPT ALL OF**  
**CANDIDATE'S REQUEST)**

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Attach proposed schedule with charges (if available):

**AFTER AIRING OF BROADCASTS:**

Attach invoices or Schedule Run Summary to this Form showing:

- 1) actual air time and charges for each spot;
- 2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- 3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.

**Note:** Because the FCC requires that the political file contain the actual times the spots air and the rates charged, that information should be included in the file as soon as possible. If that information is only generated monthly, the file should include the name of a contact person who can provide the times that specific spots aired and the rates charged. The FCC's online political files include a folder for "Terms and Disclosures." NAB suggests that, for stations subject to the online public file rule, the names of contact person(s) be placed in that folder.