Brandon Sears

November 13, 2013

Proposal

Closed Captions
David Washington • 901.212.2596

DESCRIPTION OF WORK	QTY/HRS	UNIT PRICE	SUB TOTAL
28:30 Program Closed Captions with Encoding	52 Shows	$75.00/Show	$3900

GRAND TOTAL $3900.00

PAYMENT TERMS

To be made payable to Brandon Sears

ADDRESS

160 Symphony Way # 800 Elgin IL 60120

Brandon Sears • BrandonSears09@gmail.com • 630.805.2540

0248167147
Nov. 21, 2013 LTR 4168C 0
01-0739218 000000 00
00015825

OWER OF CHRIST CHURCH
DAVID WASHINGTON
0139 GREEN MOSS DR N
ORDOVA TN 38018

F you have any questions, please call us at the telephone number
own in the heading of this letter.

Sincerely yours,

Richard McKee

Richard McKee, Department Manager
Accounts Management Operations

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-12-2013
Response Date: 11-12-2013
Tracking Number: [redacted]

Wage and Income Transcript

SSN Provided: [redacted]
Tax Period Requested: December, 2011

058152

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):261392190
S&S INSPEC TION LLC

Employee:
Employee's Social Security Number:[redacted]
DAVID WASHINGTON
10139 GREEN MOSS DR N
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....$2,309.00
Federal Income Tax Withheld:.....$158.00
Social Security Wages:.....$2,309.00
Social Security Tax Withheld:.....$97.00
Medicare Wages and Tips:.....$2,309.00
Medicare Tax Withheld:.....$33.00
Social Security Tips:.....$0.00
Allocated Tips:.....$0.00
Dependent Care Benefits:.....$0.00
Deferred Compensation:.....$0.00
Code "Q" Nontaxable Combat Pay:.....$0.00
Code "W" Employer Contributions to a Health Savings Account:.....$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....$0.00
Code "R" Employer's Contribution to MSA:.....$0.00
Code "S" Employer's Contribution to Simple Account:.....$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....$0.00
Code "V" Income from exercise of non-statutory stock options:.....$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee

Form 1098 Mortgage Interest Statement

Recipient/Lender:
Recipient's Federal Identification Number (FIN):[redacted]
BANK OF AMERICA N.A.
PO BOX 5170
SIMI VALLEY, CA 93062-5170

Payer/Borrower:
Payer's Social Security Number:[redacted]

Tracking Number: 100175502287

DAVID & SHEILA WASHINGTON
10139 GREEN MOSS DR N
CORDOVA, TN 38018-6665

Submission Type:.....Original document
Account Number (Optional):.....184618135
Mortgage Interest Received from Payer(s)/Borrower(s):.....$1,510.00
Points Paid on Purchase of Principal Residence:.....0.00
Refund of Overpaid Interest:.....0.00
Mortgage Insurance Premiums:.....$677.00

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN): [redacted]
SOCIAL SECURITY ADMINISTRATION

Payee:
Payee's Identification Number: [redacted]
DAVID J WASHINGTON
10139 GREEN MOSS DR N
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Account Number (Optional):.....N/A
Pensions and Annuities (Total Benefits Paid):.....$18,835.00
Tax Withheld:.....0.00
Repayments:.....0.00
Workman's Compensation Offset:.....0.00
TY 2010 Payments:.....0.00
TY 2009 Payments:.....0.00
TY 2008 Payments:.....0.00
TY 2007 Payments:.....0.00
Trust Fund Indicator:.....Disability
SSA/RRB Payments:.....Either RRB or SSA payments

Form 1099-MISC

Payer:
Payer's Federal Identification Number [redacted]
DIAMOND ENTERPRISE INC
PO BOX 1009
GLOSTER, MS 39638-0000

Recipient:
Recipient's Identification Number: [redacted]
DAVID WASHINGTON
10139 GREN MOSS DR N
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Account Number (Optional):.....N/A
Tax Withheld:.....0.00
Non-Employee Compensation:.....$10,300.00
Medical Payments:.....0.00
Fishing Income:.....0.00
Rents:.....0.00
Royalties:.....0.00
Other Income:.....0.00
Substitute Payments for Dividends:.....0.00
Excess Golden Parachute:.....0.00
Crop Insurance:.....0.00
Attorney Fees:.....0.00
Section 409A Deferrals:.....0.00
Section 409A Income:.....0.00
Direct Sales Indicator:.....Not Direct Sales

Internal Revenue Service
United States Department of the Treasury
MEMPHIS, TN 37501-1498

Tracking ID: [redacted]
Date of Issue: 11-12-2013

058152.242289.0678.043 1 AB 0.384 699

DAVID WASHINGTON
10139 GREEN MOSS DR N
CORDOVA, TN 38018

)58152

Tax Period: December, 2011

Information about the Request We Received

In this letter, we'll report the status of the request we received.

We're enclosing the relevant information from W-2 form, or forms, and/or 1099 information for the available tax period or periods.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours,

Patricia LaPosta

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income

This page is intentionally left blank.

Tracking Number: [redacted]

Submission Type:.....Original document
Gross Winnings:.....$974.00
Federal Income Tax Withheld:.....0.00
Type of Wager:.....Horse Racing
Winnings From Identical Wagers:.....0.00

W-2G

Payer:
Payer's Federal Identification Number (FIN): [redacted]
SOUTHLAND RACING CORP
1550 N INGRAM BLVD
WEST MEMPHIS, AR 72301-0000

Winner:
Winner's Taxpayer Identification Number (TIN): [redacted]
WASHINGTON DAVID JOSEPH
10139 GREEN MOSS DR N
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Gross Winnings:.....$699.00
Federal Income Tax Withheld:.....0.00
Type of Wager:.....Horse Racing
Winnings From Identical Wagers:.....0.00

W-2G

Payer:
Payer's Federal Identification Number (FIN): [redacted]
SOUTHLAND RACING CORP
1550 N INGRAM BLVD
WEST MEMPHIS, AR 72301-0000

Winner:
Winner's Taxpayer Identification Number (TIN): [redacted]
WASHINGTON DAVID JOSEPH
10139 GREEN MOSS DR N
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Gross Winnings:.....$979.00
Federal Income Tax Withheld:.....0.00
Type of Wager:.....Dog Racing
Winnings From Identical Wagers:.....0.00

Form 1098 Mortgage Interest Statement

Recipient/Lender:
Recipient's Federal Identification Number (FIN): [redacted]
BANK OF AMERICA N.A.
PO BOX 5170
SIMI VALLEY, CA 93062-5170

Payer/Borrower:
Payer's Social Security Number: [redacted]
DAVID & SHEILA WASHINGTON
10139 GREEN MOSS DR N
CORDOVA, TN 38018-6665

Submission Type:.....Original document
Account Number (Optional):.....184618135
Mortgage Interest Received from Payer(s)/Borrower(s):.....$8,998.00
Points Paid on Purchase of Principal Residence:.....0.00
Refund of Overpaid Interest:.....0.00

Tracking Number: [redacted]
Mortgage Insurance Premiums:.....$667.00

Form SSA-1099 Benefits Statement

Payer:
Payer's Federal Identification Number (FIN): [redacted]
SOCIAL SECURITY ADMINISTRATION

Payee:
Payee's Identification Number: [redacted]
DAVID J WASHINGTON
10139 GREEN MOSS DR N
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Account Number (Optional):.....N/A
Pensions and Annuities (Total Benefits Paid):.....$19,510.00
Tax Withheld:.....0.00
Repayments:.....0.00
Workman's Compensation Offset:.....0.00
TY 2011 Payments:.....0.00
TY 2010 Payments:.....0.00
TY 2009 Payments:.....0.00
TY 2008 Payments:.....0.00
Trust Fund Indicator:.....Disability
SSA/RRB Payments:.....Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 11-12-2013
Response Date: 11-12-2013
Tracking Number: [redacted]

Wage and Income Transcript

SSN Provided: [redacted]
Tax Period Requested: December, 2012

058151

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN): [redacted]
PRO-SPEC CORPORATION

Employee:
Employee's Social Security Number: [redacted]
DATTID WASHINGTON
10139 GREEN MOSS DR N
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....$1,219.00
Federal Income Tax Withheld:.....$102.00
Social Security Wages:.....$1,219.00
Social Security Tax Withheld:.....$51.00
Medicare Wages and Tips:.....$1,219.00
Medicare Tax Withheld:.....$17.00
Social Security Tips:.....$0.00
Allocated Tips:.....$0.00
Dependent Care Benefits:.....$0.00
Deferred Compensation:.....$0.00
Code "Q" Nontaxable Combat Pay:.....$0.00
Code "W" Employer Contributions to a Health Savings Account:.....$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....$0.00
Code "R" Employer's Contribution to MSA:.....$0.00
Code "S" Employer's Contribution to Simple Account:.....$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....$0.00
Code "V" Income from exercise of non-statutory stock options:.....$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN): [redacted]
PLANET INC

Employee:
Employee's Social Security Number: [redacted]
DAVID J WASHINGTON

Tracking Number: [redacted]

10139 GREEN MOSS DRIVE W
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....$18,732.00
Federal Income Tax Withheld:.....$2,553.00
Social Security Wages:.....$18,732.00
Social Security Tax Withheld:.....$786.00
Medicare Wages and Tips:.....$18,732.00
Medicare Tax Withheld:.....$271.00
Social Security Tips:.....$0.00
Allocated Tips:.....$0.00
Dependent Care Benefits:.....$0.00
Deferred Compensation:.....$0.00
Code "Q" Nontaxable Combat Pay:.....$0.00
Code "W" Employer Contributions to a Health Savings Account:.....$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....$0.00
Code "R" Employer's Contribution to MSA:.....$0.00
Code "S" Employer's Contribution to Simple Account:.....$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....$0.00
Code "V" Income from exercise of non-statutory stock options:.....$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:.....$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee

W-2G

Payer:
Payer's Federal Identification Number (FIN): [redacted]
KENTUCKY DOWNS LLC
PO BOX 405 5629 NASHVILLE ROAD
FRANKLIN, KY 42135-0000

Winner:
Winner's Taxpayer Identification Number (TIN): [redacted]
DAVID J WASHINGTON
10139 GREEN MOSS DRIVE NORTH
CORDOVA, TN 38018-0000

Submission Type:.....Original document
Gross Winnings:.....$617.00
Federal Income Tax Withheld:.....0.00
Type of Wager:.....Horse Racing
Winnings From Identical Wagers:.....0.00

W-2G

Payer:
Payer's Federal Identification Number (FIN): [redacted]
SOUTHLAND RACING CORP
1550 N INGRAM BLVD
WEST MEMPHIS, AR 72301-0000

Winner:
Winner's Taxpayer Identification Number (TIN): [redacted]
WASHINGTON DAVID JOSEPH
10139 GREEN MOSS DR N
CORDOVA, TN 38018-0000

Tracking Number: 100175502287
Second Notice Indicator:.....No Second Notice

This Product Contains Sensitive Taxpayer Data

)58152

This page is left blank intentionally.

INVOICE

901-410-8973

LeSEA Broadcasting, WHNO TV-20
839 St. Charles Avenue Suite 309
New Orleans, LA 70130
Main: (504)681-0120
Billing: (574)231-5400

www.lesea.com

Invoice #	Invoice Date	Invoice Month	Invoice Period
41737-1	10/27/13	October 2013	09/30/13 - 10/27/13

Station	Account Executive	Sales Office	Sales Region
WHNO-TV	C Jumonville	New Orleans	Local

Advertiser	Product	Estimate Number
DJ Washington		

Billing Address:

DJ Washington
Attention: Accounts Payable
10139 Green Moss Drive
Cordova, TN 38018
USA

Flight Dates	Order #	Alt Order #
10/10/13 - 10/10/13	41737	

Billing Calendar	Billing Type
Broadcast	Cash

Special Handling

Send Payment To:

LeSEA Broadcasting, WHNO TV-20
61300 Ironwood Road
South Bend, IN 46614

IDB #	Advertiser Code	Product Code

Agency Ref	Advertiser Ref

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type
1	10/10/13	10/10/13	Production	Production	---T---	:00	0	$150.00	NS
	In House Production 1 Hour								

Spots: #	Ch	Day	Air Date	Air Time	Description	Start/End Time	Length	Ad-ID	Rate	Type
1	WHNO	Th	10/10/13		Production	Production	:00		$150.00	NS

Total Spots 1 Net Total **$150.00**

Payment Due Upon Receipt. Credit Cards Accepted

David J. Washington 337-501-4925

Communications Corporation of America
Broadcast Standards for Local Origination Programming

As of January 2006 all new locally produced programming must be closed captioned. With the copy of your waiver this is not required. An updated copy of the waiver is required at all times.

The FCC mandates that all broadcast stations meet certain standards in regards to the quality of the audio and video that is broadcast to the public. In an effort to assist our clients who provide independently produced programs, Communications Corporation of America provides the following list of guidelines that must be met in order for a program to be aired on our station. It is the client's responsibility to ensure that any program they wish to air on Communications Corporation of America stations meets the following standards. Programs that fail to meet these guidelines will not be broadcast on Communications Corporation of America stations. Clients are not entitled to a refund for air time they missed due to providing a program that did not meet our station's broadcast standards. Clients are responsible for obtaining the knowledge, skill and equipment necessary to produce programs that comply with FCC and Communications Corporation of America stations broadcast standards. Communications Corporation of America stations assume no responsibility for the quality of the programs produced outside of our stations.

Accepted Formats:
.mpg file (pc format on DVD, USB drive or hard drive)
Standard DVD as a Playable Video
or Beta SP Broadcast Tape

- All formats should be transferred at the highest quality possible with the least amount of compression. Please note that some digital editing codecs aren't compatible with our station's equipment. If you are delivering a DVD or digital file to our station for the first time please allow time (at least a week) for us to test it and ensure it is compatible with our equipment.

- It is the client's responsibility to find an alternative format if their current one is not compatible with our equipment. Communications Corporation

of America is not responsible for missed schedules due to improper or non-compatible DVD's, digital files, damaged tapes, or programs that do not meet the broadcast standards set forth in these guidelines.

Deadline for Delivery of Programs to the Station:

The first programs should be delivered to the station no less than five (5) business days prior to air. This allows time for our staff to make sure the program meets our guidelines. It also allows time for clients to trouble shoot any problems that may arise after our review. After that the standard three (3) business days prior to air applies.

- If a program doesn't meet our guidelines it WILL NOT AIR
- Any revisions must be made in a timely manner before the air date.
- If revisions can not be made, a substitute program must be provided. If none is provided the station will air a program of its choice and the client will be charged for the airtime.
- Programs must be delivered during normal business hours 8:00 a.m. and 5:00 p.m.

Tape/DVD and File Setup:

All digital files should be program content only, with the file label defining the program. Please do not include bars, tone or slate on files.

Compression Rates for HD

When providing a program in HD an SD version is needed for backup.

The video compression settings for HD spots should be set as follows:

Video Format:	MPEG2
Video Stream:	MPEG2 TS (Transport Stream) Video: **HD** - <40 MBits1920x1080i (16x9) at 29.97 fps MPEG Video (HD) (Version 2) (High@High) (BVOP)
File extension:	.mpg
Width/Height:	1920 x 1080
Frame Rate:	29.97 NTSC
Interlace:	UPPER OR TOP FIELD FIRST
Aspect Ratio:	16 x 9
Quality:	Highest
Bitrate Type:	CBR (Constant bitrate)
MPS:	24mps (24,000 bps)
Audio Stream:	224 Kbps, 48 KHz, 2 Channels (Stereo), MPEG Audio (Layer 1) (Version 2) (English)
Sample Rate:	48 kHz

Time code to begin at first video and timed at 1:00:00:00. Please produce first frame black.

Compression Rates for SD

Video Format:	MPEG2
Video Stream:	MPEG2 TS (Transport Stream) Video: **SD** - <12 MBits 720x480i (4x3) at 29.97 fps MPEG Video (NTSC) (Version 2) (High@High) (BVOP)
File extension:	.mpg
Width/Height:	720x480i
Frame Rate:	29.97 NTSC
Interlace:	UPPER OR TOP FIELD FIRST
Aspect Ratio:	4x3
Quality:	Highest
Bitrate Type:	CBR (Constant bitrate)

Audio Quality:

All Audio must be mixed at the same level on both channels. Split track audio will not be accepted. Single track audio does not fit broadcast standard.

- All audio levels must be properly set by the producers of the program.
- Distorted or over-modulated audio will not be broadcast.
- Producers should pay special attention during the editing process that the entire program is mixed properly, without distortion, and without dramatic level fluctuations between different audio sources, and without changes in the audio mix from channel to channel.
- Digital Audio levels should be set between -20 & 12dB
- Analog Audio levels should be set between -5 & 0dB

Video Quality:

- All video levels must be properly set to meet FCC and NTSC standards.
- Video level and Chroma level should be calibrated using a waveform monitor and vector scope. Again Communications Corporation of America stations are not responsible for supplying the client with the proper equipment or training to produce programs outside of Communications Corporation of America stations. It is the client's responsibility to gain the equipment, services, skills, and or knowledge needed to produce a program that meets FCC broadcast standards.
- Video levels should not exceed 100 IRE
- Chroma, Hue, and black (setup) levels should not fluctuate dramatically from scene to scene.
- **When producing multi camera programs be sure the cameras are properly white balanced and color matched so that the picture quality doesn't fluctuate dramatically from camera to camera. Color and Video levels should look the same on all cameras.**
- All video should be properly color corrected during post production if there are problems that slipped through the field production stage of the process.
- Graphics and titles also need to be properly produced so the chroma and video levels fall within acceptable levels.
- If whites are overexposed or chroma levels are too high and cause tearing or interference the program may not be aired.
- Video should be composed in a professional manner. Out of focus, extremely unstable (jittery), or consistently and poorly composed video may deem that program **un-fit for air**. It is the client's responsibility to acquire, train or hire skilled camera and production personnel.

Video/Audio Content Restrictions:

_____Client

_____Station

Programs must not include any of the following:

- Profanity (guidelines for this available at Communications Corporation of America stations)
- Obscenity (guidelines for this available at Communications Corporation of America stations)
- Unacceptable Language (guidelines for this available at Communications Corporation of America stations)
- May not entice to riot

Post-Production:

Programs must be edited in a professional manner. The following may render a program **"Not Fit for Broadcast":**

- Jump cuts
- Video and audio drop-outs
- Poor tracking
- Improper color or white balance
- Dropped frames
- Overly compressed video
- Use of VHS or other non-broadcast quality video as b-roll
- Programs that don't time out to their required length
- Programs that contain content determined to be lewd or indecent images or language not fitting the time at which the program airs.

Helpful Hints:

Communications Corporation of America stations will gladly answer any questions you may have in regards to producing your program in a manner that meets our broadcast standards. It should be understood that we should not be viewed as consultants and ultimately it is up to the client to acquire the knowledge and equipment needed to produce a broadcast quality program or to subcontract an outside group to produce it on your behalf. Here are some tips that may help:

- Deliver your program to Communications Corporation of America stations as soon as possible to allow time for trouble shooting if any problems are discovered.
- View the program and check it for errors prior to delivering it to Communications Corporation of America stations.
- Always have a backup plan in place and communicate that with the staff at Communications Corporation of America stations.
- Have a program picked out that can air in case you run into technical problems or can't deliver the current program due to inclement weather.
- Call the staff at Communications Corporation of America stations as soon as possible if you are unable to deliver a program for any reason.
- Watch the program when it airs to see how your video and audio levels look and sound over the air.

_____Client

_____Station

- Make sure more than one person in your organization knows what needs to be done in regards to delivering the program to Communications Corporation of America stations. Leave the contact information of these people with Communications Corporation of America stations.

These guidelines are subject to change and additions without notice. Communications Corporation of America stations reserves the right to make any and all judgments as to what meets the station's broadcast standards and which programs are technically fit for air.

_____Client
_____Station