

## 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:**

WEAU - TV Eau Claire, WI

**Date:**

10/31/2016

I, Devon Prescod,being/on behalf of: Feingold, Russell D., a legallyqualified candidate of the Democratic politicalparty for the office of: US Senatein the Generalelection to be held on: 11/08/2016

do hereby request station time as follows:

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

**SEE ATTACHED**

Date of First Broadcast: 11/06/2016

Date of Last Broadcast: 11/06/2016

**Total Charges:** \$\*\*\*\*\*61,174.50 NET

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

Russ for Wisconsin

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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:

Joe Sensenbrenner, Treasurer

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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***

10/31/2016

Date



Signature

***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:**

Russ for Wisconsin

I, \_\_\_\_\_  
(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.



**signature of candidate or authorized committee**

Devon Prescod

10/31/2016

**printed name**

**date**

