

# 98.7 FM & 101.1 FM

P.O. Box 708  
 1315 Mill Bay Rd., Suite A  
 Kodiak, AK 99615  
 (907) 486-5159  
 Fax (907) 486-3044

date: 9-27-23 new order:

supersedes contract #: \_\_\_\_\_

start date: 9-28-23 end date: 10-3-23

98.7FM  101.1 FM

## contract

advertiser: ANNIKA WOODS For city council advertiser #: \_\_\_\_\_

agency: \_\_\_\_\_ agency #: \_\_\_\_\_

address: 1323 MYNARD LANE

city/state/zip: KODIAK AK 99615

contact person: ANNIKA WOODS

telephone: \_\_\_\_\_

log listing: ANNIKA WOODS For city council

competing products: political

package/program: Political KAT-ES

P.O. # / EST. # \_\_\_\_\_

agency commission \_\_\_\_\_%  co-op

sales person: \_\_\_\_\_ s.s. # \_\_\_\_\_ commission \_\_\_\_\_

rep/rep office: \_\_\_\_\_ rep/rep office #: \_\_\_\_\_

notes to traffic & accounting: \_\_\_\_\_

check one:

announcement  
 sponsorship  
 political  
 public service  
 promotional

check one:

remit invoice  
 cash in advance

check one:

stand broadcast mo.  
 calendar month

check one:

end of flight  
 weekly invoice  
 monthly invoice  
 special cycle  
 describe: political

options for make good

check one:

same flight  
 same week  
 extend schedule  
 dollar for dollar  
 credit  
 ask salesperson

contract #: \_\_\_\_\_  
 account #: \_\_\_\_\_  
 cart #: 7795  
 income account: \_\_\_\_\_

check one:

agency  
 direct

check one:

local  
 regional  
 national

check one:

cash  
 trade  
 non-commercial

production	continuity
<input checked="" type="checkbox"/> new	<input type="checkbox"/> new
<input type="checkbox"/> no change	<input type="checkbox"/> no change
<input type="checkbox"/> change	<input type="checkbox"/> change rotation
<input type="checkbox"/> form attached	<input type="checkbox"/> form attached

dates to run	len	hours to run (daypart)	m	t	w	t	f	s	s	x	rate	#/wk	\$/wk	\$ total	
9-28-10-3	:30	6am-10am	1	1		1	1	1	1	1	\$24			\$144	
9-28-10-3	:30	3pm-7pm	1	1		1	1	1	1	1	\$24			\$144	
													TAX	20.16	
jan	feb	mar	apr	may	jun	total									308.16
july	aug	sep	oct	nov	dec										

advertiser: \_\_\_\_\_ salesperson: [Signature] approved by: \_\_\_\_\_  
 date: \_\_\_\_\_ date: [Signature] entered by: \_\_\_\_\_



# CANDIDATE ADVERTISEMENT AGREEMENT FORM

See **Order** for proposed schedule and charges. See **Invoice** for actual schedule and charges.

I, Annika Woods, hereby request station time as follows:

IDENTIFY CANDIDATE TYPE 

FEDERAL CANDIDATE

STATE OR LOCAL CANDIDATE

## ALL QUESTIONS/BLOCKS MUST BE COMPLETED

Candidate name:

Annika Woods

Authorized committee:

none

Agency requesting time (and contact information):

N/A

Candidate's political party:

None

Office sought (no acronyms or abbreviations):

Kodiak City council

Date of election:

October 3rd 2023

General

Primary

Treasurer of candidate's authorized committee:

None

The undersigned represents that:

(1) the payment for the broadcast time requested has been furnished by (check one box below):

the candidate listed above who is a legally qualified candidate, or

the authorized committee of the legally qualified candidate listed above;

(2) this station is authorized to announce the time as paid for by such person or entity; and

(3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion 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.**

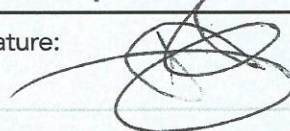
**Candidate/Committee/Agency**

**Station Representative**

Signature:



Signature:



Name: Annika Woods

Name: Charles Wright

Date of Request to Purchase Ad Time:

Date of Station Agreement to Sell Time: 09/27/2023



**Federal Candidate Certification:**

The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) 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 or if 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.

**Candidate/Authorized Committee/Agency**

Signature:



Name: Annika Woods

Date: 09/27/2023

**TO BE COMPLETED BY STATION ONLY**
 Ad submitted to Station?  Yes  No Date ad received: 09/27/2023

**Note: Must have separate PB-19 Forms for each version of the ad (i.e., for every ad with differing copy).**

 Federal candidate certification signed (above):  Yes  No  N/A

Disposition:

- Accepted
- Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)\*
- Rejected – provide reason:

\*Upload partially accepted form, then promptly upload updated final form when complete.

Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):

Contract #:	Station Call Letters: KVOK-FM HD1/ HD2	Date Received/Requested: 09/27/2023
Est. #:	Station Location: Kodiak Alaska	Run Start and End Dates: 09/28/2023 - 10/03/2023

Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.