



**KBEW**  
705 E Leland Parkway, Suite 1  
Blue Earth, MN 56013  
Ph: 507-526-2181  
Fax: 507-526-7468

## KBEW FM Statement

Account ID: 83753  
Statement Date: 3/31/2023  
Account Rep: HEATHER ANDERSON

Please Pay This Amount \$1,501.50

Amount Paid: \_\_\_\_\_

NEW PUBLICA  
2909 BRYANT AVE S  
MINNEAPOLIS, MN 55408

PLEASE INCLUDE CHECK # ON PAYMENT  
GET YOUR STATEMENT EMAILED CONTACT KBEW  
IF YOU USE OUR WEBSITE TO MAKE A CREDIT CARD  
PAYMENT USE CHRISE@KBEW98COUNTRY.COM AS  
EMAIL WHEN PROMPTED

Sponsor: New Publica

Page 1

Reference	Date	Type	Description	Amount	Balance
23030666	3/26/2023	INV	Invoice: KBEW FM 83753-001 New Publica [143-:30 Spots]	1,501.50	1,501.50
Statement Total:					\$1,501.50

Please Pay This Amount

**\$1,501.50**

Current	31-60 Days	61-90 Days	91-120 Days	121+ Days	Total Due
\$1,501.50					\$1,501.50



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## KBEW FM Invoice

Invoice ID: 23030666  
Invoice Date: 3/26/2023  
Account ID: 83753  
Order ID: 83753-001  
Account Rep: HEATHER ANDERSON

Amount Due: \$1,501.50

Amount Paid: \_\_\_\_\_

NEW PUBLICA  
2909 BRYANT AVE S  
MINNEAPOLIS, MN 55408

PLEASE INCLUDE ACCOUNT NUMBER ON PAYMENT!  
GET YOUR BILL EMAILED CONTACT KBEW

Sponsor: New Publica / New Publica - AFLCIO Paid Family Medical  
New Publica

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/7/2023	06:02 AM	:30	Spot	8967	10.50
3/7/2023	06:37 AM	:30	Spot	8967	10.50
3/7/2023	07:22 AM	:30	Spot	8967	10.50
3/7/2023	08:19 AM	:30	Spot	8967	10.50
3/7/2023	09:19 AM	:30	Spot	8967	10.50
3/7/2023	10:10 AM	:30	Spot	8967	10.50
3/7/2023	10:40 AM	:30	Spot	8967	10.50
3/7/2023	11:10 AM	:30	Spot	8967	10.50
3/7/2023	11:51 AM	:30	Spot	8967	10.50
3/7/2023	12:49 PM	:30	Spot	8967	10.50
3/7/2023	01:37 PM	:30	Spot	8967	10.50
3/7/2023	02:19 PM	:30	Spot	8967	10.50
3/7/2023	02:49 PM	:30	Spot	8967	10.50
3/7/2023	03:37 PM	:30	Spot	8967	10.50
3/7/2023	04:19 PM	:30	Spot	8967	10.50
3/7/2023	04:49 PM	:30	Spot	8967	10.50
3/7/2023	05:19 PM	:30	Spot	8967	10.50
3/7/2023	06:02 PM	:30	Spot	8967	10.50
3/8/2023	06:19 AM	:30	Spot	8967	10.50
3/8/2023	06:49 AM	:30	Spot	8967	10.50
3/8/2023	07:22 AM	:30	Spot	8967	10.50
3/8/2023	08:02 AM	:30	Spot	8967	10.50
3/8/2023	08:37 AM	:30	Spot	8967	10.50
3/8/2023	09:37 AM	:30	Spot	8967	10.50
3/8/2023	10:51 AM	:30	Spot	8967	10.50
3/8/2023	11:40 AM	:30	Spot	8967	10.50
3/8/2023	12:19 PM	:30	Spot	8967	10.50
3/8/2023	01:02 PM	:30	Spot	8967	10.50
3/8/2023	01:37 PM	:30	Spot	8967	10.50
3/8/2023	02:49 PM	:30	Spot	8967	10.50
3/8/2023	03:19 PM	:30	Spot	8967	10.50
3/8/2023	03:49 PM	:30	Spot	8967	10.50
3/8/2023	04:19 PM	:30	Spot	8967	10.50
3/8/2023	04:49 PM	:30	Spot	8967	10.50
3/8/2023	05:19 PM	:30	Spot	8967	10.50
3/8/2023	06:02 PM	:30	Spot	8967	10.50
3/9/2023	06:02 AM	:30	Spot	8967	10.50
3/9/2023	06:37 AM	:30	Spot	8967	10.50
3/9/2023	07:22 AM	:30	Spot	8967	10.50
3/9/2023	08:02 AM	:30	Spot	8967	10.50
3/9/2023	08:37 AM	:30	Spot	8967	10.50
3/9/2023	09:37 AM	:30	Spot	8967	10.50
3/9/2023	10:51 AM	:30	Spot	8967	10.50
3/9/2023	11:51 AM	:30	Spot	8967	10.50
3/9/2023	12:37 PM	:30	Spot	8967	10.50
3/9/2023	01:19 PM	:30	Spot	8967	10.50

AFFIDAVIT OF PERFORMANCE: I certify that, in accordance with the  
Official Station Logs, announcements were broadcast as shown on this invoice.

Continued

STATE OF MINNESOTA  
COUNTY OF FAIRIBAUT  
Subscribed and sworn before me this 1 day of April 2023

\_\_\_\_\_, NOTARY  
PUBLIC  
My commission expires:

# KBEW FM Invoice

Invoice ID: 23030666  
Invoice Date: 3/26/2023

Sponsor: New Publica / New Publica AFLCIO Paid Family Medical  
New Publica

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/9/2023	01:49 PM	:30	Spot	8967	10.50
3/9/2023	02:19 PM	:30	Spot	8967	10.50
3/9/2023	03:02 PM	:30	Spot	8967	10.50
3/9/2023	03:37 PM	:30	Spot	8967	10.50
3/9/2023	04:19 PM	:30	Spot	8967	10.50
3/9/2023	05:02 PM	:30	Spot	8967	10.50
3/9/2023	05:49 PM	:30	Spot	8967	10.50
3/9/2023	06:19 PM	:30	Spot	8967	10.50
3/10/2023	06:02 AM	:30	Spot	8967	10.50
3/10/2023	06:49 AM	:30	Spot	8967	10.50
3/10/2023	07:22 AM	:30	Spot	8967	10.50
3/10/2023	08:19 AM	:30	Spot	8967	10.50
3/10/2023	08:51 AM	:30	Spot	8967	10.50
3/10/2023	09:30 AM	:30	Spot	8967	10.50
3/10/2023	10:40 AM	:30	Spot	8967	10.50
3/10/2023	11:51 AM	:30	Spot	8967	10.50
3/10/2023	12:40 PM	:30	Spot	8967	10.50
3/10/2023	01:33 PM	:30	Spot	8967	10.50
3/10/2023	02:19 PM	:30	Spot	8967	10.50
3/10/2023	02:49 PM	:30	Spot	8967	10.50
3/10/2023	03:19 PM	:30	Spot	8967	10.50
3/10/2023	03:49 PM	:30	Spot	8967	10.50
3/10/2023	04:49 PM	:30	Spot	8967	10.50
3/10/2023	05:49 PM	:30	Spot	8967	10.50
3/10/2023	06:19 PM	:30	Spot	8967	10.50
3/11/2023	06:19 AM	:30	Spot	8967	10.50
3/11/2023	06:49 AM	:30	Spot	8967	10.50
3/11/2023	07:19 AM	:30	Spot	8967	10.50
3/11/2023	08:02 AM	:30	Spot	8967	10.50
3/11/2023	08:49 AM	:30	Spot	8967	10.50
3/11/2023	09:19 AM	:30	Spot	8967	10.50
3/11/2023	09:49 AM	:30	Spot	8967	10.50
3/11/2023	10:37 AM	:30	Spot	8967	10.50
3/11/2023	11:37 AM	:30	Spot	8967	10.50
3/11/2023	12:37 PM	:30	Spot	8967	10.50
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3/11/2023	05:19 PM	:30	Spot	8967	10.50
3/11/2023	05:49 PM	:30	Spot	8967	10.50
3/11/2023	06:19 PM	:30	Spot	8967	10.50
3/11/2023	06:49 PM	:30	Spot	8967	10.50
3/12/2023	06:19 AM	:30	Spot	8967	10.50
3/12/2023	06:49 AM	:30	Spot	8967	10.50
3/12/2023	07:49 AM	:30	Spot	8967	10.50
3/12/2023	08:49 AM	:30	Spot	8967	10.50
3/12/2023	09:20 AM	:30	Spot	8967	10.50
3/12/2023	09:51 AM	:30	Spot	8967	10.50
3/12/2023	10:51 AM	:30	Spot	8967	10.50
3/12/2023	11:49 AM	:30	Spot	8967	10.50
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3/12/2023	01:02 PM	:30	Spot	8967	10.50
3/12/2023	01:49 PM	:30	Spot	8967	10.50
3/12/2023	02:19 PM	:30	Spot	8967	10.50
3/12/2023	03:02 PM	:30	Spot	8967	10.50
3/12/2023	03:49 PM	:30	Spot	8967	10.50
3/12/2023	05:02 PM	:30	Spot	8967	10.50
3/12/2023	05:49 PM	:30	Spot	8967	10.50
3/12/2023	06:19 PM	:30	Spot	8967	10.50
3/12/2023	06:49 PM	:30	Spot	8967	10.50

Continued

# KBEW FM Invoice

Invoice ID: 23030666  
Invoice Date: 3/26/2023

Sponsor: New Publica / New Publica AFLCIO Paid Family Medical  
New Publica

Page 3

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3/14/2023	03:37 PM	:30	Spot	8967	10.50
3/14/2023	04:37 PM	:30	Spot	8967	10.50
3/14/2023	05:35 PM	:30	Spot	8967	10.50
3/14/2023	06:02 PM	:30	Spot	8967	10.50
3/14/2023	06:37 PM	:30	Spot	8967	10.50

143 Total Items

Total Cost:

\$1,501.50

Amount Due:

\$1,501.50