

BUSTOS MEDIA, LLC

STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

1st QUARTER – 2022

KXXP 104.5 FM

The following public service announcements on the attached sheet were aired during the period January 1st to March 31st, 2022, on the station indicated. All public service and public affairs programs were aired on the stations listed above.



Chitralekha Gade
Director of Administration

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22010338
 Invoice Date: 1/31/2022
 Account ID: 0054
 Order ID: 0054-369
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PUBLIC AFFAIRS PROGR for P.O./Estimate # PAP URBANA
 PSA- S PAP URBANA

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/2/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	BOOSTER AND KIDS SHOTS COVID	0.00
1/9/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	BOOSTER AND KIDS SHOTS COVID	0.00
1/16/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	COVID TEST VACCINES	0.00
1/23/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	COVID TEST VACCINES	0.00
1/30/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	PROJECT ACCESS NOW	0.00

5 Total Items

Total Cost:

0.00

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

Amount Due:

0.00

STATE OF
 COUNTY OF

Subscribed and sworn before me this _____ day of _____

_____, NOTARY PUBLIC

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22010367
 Invoice Date: 1/31/2022
 Account ID: 0054
 Order ID: 0054-384
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S GOT YOUR SIX for P.O./Estimate # GOT YOUR SIX - MILITARY VETERANS & HAVING
 PSA- S GOT YOUR SIX - BOB WOODRUFF FOUNDATION

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2022	02:50 PM	:30	PSA	GOTYRSP2130	0.00
1/6/2022	05:50 PM	:15	PSA	GOTYRSP2115	0.00
1/8/2022	02:50 PM	:30	PSA	GOTYRSP2130	0.00
1/11/2022	09:50 AM	:15	PSA	GOTYRSP2115	0.00
1/13/2022	11:50 AM	:15	PSA	GOTYRSP2115	0.00
1/15/2022	04:50 PM	:30	PSA	GOTYRSP2130	0.00
1/18/2022	11:50 AM	:15	PSA	GOTYRSP2115	0.00
1/20/2022	05:50 PM	:15	PSA	GOTYRSP2115	0.00
1/22/2022	07:30 PM	:30	PSA	GOTYRSP2130	0.00
1/25/2022	02:50 PM	:15	PSA	GOTYRSP2115	0.00
1/27/2022	06:50 PM	:15	PSA	GOTYRSP2115	0.00
1/29/2022	03:50 PM	:30	PSA	GOTYRSP2130	0.00
12 Total Items				Total Cost:	0.00

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

Amount Due: 0.00

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____ NOTARY PUBLIC

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22010361
 Invoice Date: 1/31/2022
 Account ID: 0054
 Order ID: 0054-383
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S NLCRT LUNG CA for P.O./Estimate # NLCRT LUNG CANCER
 PSA- S NLCRT LUNG CANCER

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/5/2022	07:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
1/7/2022	10:50 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
1/12/2022	05:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
1/14/2022	07:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
1/19/2022	11:50 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
1/21/2022	01:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
1/26/2022	04:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
1/28/2022	02:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00

8 Total Items

Total Cost:

0.00

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

Amount Due:

0.00

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____

_____, NOTARY PUBLIC

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22010353
 Invoice Date: 1/31/2022
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S FRASES EN EL for P.O./Estimate # FRASES EN EL TIEMPO
 PSA- S FRASES EN EL TIEMPO

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2022	01:50 PM	:15	PSA	FRASES BUSTOS 4	0.00
1/2/2022	08:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/3/2022	11:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/5/2022	10:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/6/2022	06:50 PM	:15	PSA	FRASES BUSTOS 1	0.00
1/7/2022	03:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/8/2022	02:50 PM	:15	PSA	FRASES BUSTOS 2	0.00
1/9/2022	06:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/10/2022	07:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/11/2022	09:50 AM	:15	PSA	FRASES BUSTOS 3	0.00
1/12/2022	12:30 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/13/2022	01:50 PM	:15	PSA	FRASES BUSTOS 4	0.00
1/14/2022	02:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/15/2022	05:50 PM	:15	PSA	FRASES BUSTOS 5	0.00
1/16/2022	06:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/17/2022	10:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/18/2022	02:50 PM	:15	PSA	FRASES BUSTOS 1	0.00
1/19/2022	11:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/20/2022	04:50 PM	:15	PSA	FRASES BUSTOS 2	0.00
1/21/2022	07:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/22/2022	12:50 PM	:15	PSA	FRASES BUSTOS 3	0.00
1/23/2022	02:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/24/2022	03:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/25/2022	02:50 PM	:15	PSA	FRASES BUSTOS 4	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this ____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S / PSA- S FRASES EN EL for P.O./Estimate # FRASES EN EL TIEMPO
PSA- S FRASES EN EL TIEMPO

Invoice ID: 22010353
Invoice Date: 1/31/2022

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/26/2022	05:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/27/2022	03:50 PM	:15	PSA	FRASES BUSTOS 5	0.00
1/28/2022	02:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/29/2022	05:50 PM	:15	PSA	FRASES BUSTOS 1	0.00
1/30/2022	10:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/31/2022	02:50 PM	:30	PSA	FRASES BUSTOS 6	0.00

30 Total Items

Total Cost:

0.00

Amount Due:

0.00

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22010347
 Invoice Date: 1/31/2022
 Account ID: 0054
 Order ID: 0054-373
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
 PSA- S COVID-19 VACCINE EDUCATION

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/2/2022	08:50 AM	:30	PSA	CNVE0964000	0.00
1/2/2022	05:50 PM	:60	PSA	CNVE0966000	0.00
1/3/2022	06:50 AM	:30	PSA	CNVE0964000	0.00
1/3/2022	09:50 AM	:60	PSA	CNVE0966000	0.00
1/5/2022	06:50 AM	:30	PSA	CNVE0964000	0.00
1/5/2022	03:50 PM	:60	PSA	CNVE0966000	0.00
1/7/2022	11:50 AM	:60	PSA	CNVE0966000	0.00
1/7/2022	07:50 PM	:30	PSA	CNVE0964000	0.00
1/9/2022	07:50 AM	:30	PSA	CNVE0964000	0.00
1/9/2022	03:50 PM	:60	PSA	CNVE0966000	0.00
1/10/2022	04:50 PM	:30	PSA	CNVE0964000	0.00
1/10/2022	05:50 PM	:60	PSA	CNVE0966000	0.00
1/12/2022	08:50 AM	:60	PSA	CNVE0966000	0.00
1/12/2022	04:50 PM	:30	PSA	CNVE0964000	0.00
1/14/2022	02:50 PM	:60	PSA	CNVE0966000	0.00
1/14/2022	05:50 PM	:30	PSA	CNVE0964000	0.00
1/16/2022	01:50 PM	:30	PSA	CNVE0964000	0.00
1/16/2022	06:50 PM	:60	PSA	CNVE0966000	0.00
1/17/2022	10:50 AM	:60	PSA	CNVE0966000	0.00
1/17/2022	04:50 PM	:30	PSA	CNVE0964000	0.00
1/19/2022	06:50 AM	:30	PSA	CNVE0964000	0.00
1/19/2022	06:50 PM	:60	PSA	CNVE0966000	0.00
1/21/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
1/21/2022	11:50 AM	:60	PSA	CNVE0966000	0.00
1/23/2022	11:50 AM	:60	PSA	CNVE0966000	0.00
1/23/2022	12:50 PM	:30	PSA	CNVE0964000	0.00
1/24/2022	01:50 PM	:30	PSA	CNVE0964000	0.00
1/24/2022	06:50 PM	:60	PSA	CNVE0966000	0.00
1/26/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
1/26/2022	06:50 PM	:60	PSA	CNVE0966000	0.00
1/28/2022	10:50 AM	:30	PSA	CNVE0964000	0.00
1/28/2022	06:50 PM	:60	PSA	CNVE0966000	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S / PSA- S COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
PSA- S COVID-19 VACCINE EDUCATION

Invoice ID: 22010347
Invoice Date: 1/31/2022

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/30/2022	03:50 PM	:30	PSA	CNVE0964000	0.00
1/30/2022	04:50 PM	:60	PSA	CNVE0966000	0.00
1/31/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
1/31/2022	03:50 PM	:60	PSA	CNVE0966000	0.00
36 Total Items				Total Cost:	0.00

Amount Due: 0.00

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22010332
 Invoice Date: 1/31/2022
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2022	07:50 AM	:30	PSA	VYSJ0475000H	0.00
1/1/2022	10:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/1/2022	11:50 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/2/2022	11:50 AM	:30	PSA	1SSA0044000	0.00
1/2/2022	04:50 PM	:30	PSA	SARM0240000	0.00
1/3/2022	11:50 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/3/2022	01:50 PM	:30	PSA	VYSJ0475000H	0.00
1/3/2022	03:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/4/2022	06:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/4/2022	07:50 AM	:30	PSA	1SSA0044000	0.00
1/4/2022	02:50 PM	:30	PSA	SARM0240000	0.00
1/5/2022	10:50 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/5/2022	04:50 PM	:30	PSA	VYSJ0475000H	0.00
1/5/2022	07:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/6/2022	09:50 AM	:30	PSA	SARM0240000	0.00
1/6/2022	10:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/6/2022	01:50 PM	:30	PSA	1SSA0044000	0.00
1/7/2022	03:50 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/7/2022	05:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/7/2022	07:50 PM	:30	PSA	VYSJ0475000H	0.00
1/8/2022	08:50 AM	:30	PSA	1SSA0044000	0.00
1/8/2022	11:50 AM	:30	PSA	SARM0240000	0.00
1/8/2022	01:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/9/2022	12:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/9/2022	02:50 PM	:30	PSA	VYSJ0475000H	0.00
1/9/2022	04:50 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/10/2022	09:50 AM	:30	PSA	1SSA0044000	0.00
1/10/2022	10:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/10/2022	11:50 AM	:30	PSA	SARM0240000	0.00
1/11/2022	03:50 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/11/2022	05:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/11/2022	06:50 PM	:30	PSA	VYSJ0475000H	0.00
1/12/2022	07:50 AM	:30	PSA	SARM0240000	0.00
1/12/2022	12:30 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/12/2022	01:50 PM	:30	PSA	1SSA0044000	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S
PSA- S

Invoice ID: 22010332
Invoice Date: 1/31/2022

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/13/2022	07:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/13/2022	10:50 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/13/2022	02:50 PM	:30	PSA	VYSJ0475000H	0.00
1/14/2022	09:50 AM	:30	PSA	1SSA0044000	0.00
1/14/2022	03:50 PM	:30	PSA	SARM0240000	0.00
1/14/2022	04:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/15/2022	07:50 AM	:30	PSA	VYSJ0475000H	0.00
1/15/2022	10:50 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/15/2022	05:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/16/2022	10:50 AM	:30	PSA	SARM0240000	0.00
1/16/2022	12:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/16/2022	05:50 PM	:30	PSA	1SSA0044000	0.00
1/17/2022	01:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/17/2022	02:50 PM	:30	PSA	VYSJ0475000H	0.00
1/17/2022	03:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/18/2022	06:50 AM	:30	PSA	1SSA0044000	0.00
1/18/2022	08:50 AM	:30	PSA	SARM0240000	0.00
1/18/2022	01:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/19/2022	01:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/19/2022	03:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/19/2022	07:50 PM	:30	PSA	VYSJ0475000H	0.00
1/20/2022	07:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/20/2022	01:50 PM	:30	PSA	SARM0240000	0.00
1/21/2022	03:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/21/2022	04:50 PM	:30	PSA	VYSJ0475000H	0.00
1/21/2022	07:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/21/2022	07:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/22/2022	10:50 AM	:30	PSA	SARM0240000	0.00
1/22/2022	02:50 PM	:30	PSA	1SSA0044000	0.00
1/22/2022	04:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/23/2022	02:50 PM	:30	PSA	VYSJ0475000H	0.00
1/23/2022	04:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/23/2022	06:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/24/2022	07:50 AM	:30	PSA	SARM0240000	0.00
1/24/2022	11:50 AM	:30	PSA	1SSA0044000	0.00
1/24/2022	05:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/25/2022	09:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/25/2022	04:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/25/2022	05:50 PM	:30	PSA	VYSJ0475000H	0.00
1/26/2022	12:30 PM	:30	PSA	1SSA0044000	0.00
1/26/2022	01:50 PM	:30	PSA	SARM0240000	0.00
1/26/2022	03:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/27/2022	11:50 AM	:30	PSA	VYSJ0475000H	0.00
1/27/2022	03:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/27/2022	06:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/28/2022	01:50 PM	:30	PSA	1SSA0044000	0.00
1/28/2022	02:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/28/2022	05:50 PM	:30	PSA	SARM0240000	0.00
1/28/2022	07:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/29/2022	02:50 PM	:30	PSA	VYSJ0475000H	0.00
1/29/2022	04:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/29/2022	05:50 PM	:30	PSA	SARM0240000	0.00

Continued

KXXP 104.5FM Invoice

Sponsor: PSA- S
PSA- S

Invoice ID: 22010332
Invoice Date: 1/31/2022

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/30/2022	10:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/30/2022	01:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/30/2022	02:50 PM	:30	PSA	1SSA0044000	0.00
1/31/2022	08:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/31/2022	10:50 AM	:30	PSA	VYSJ0475000H	0.00
1/31/2022	04:50 PM	:30	PSA	SARM0240000	0.00
93 Total Items				Total Cost:	0.00

Amount Due: 0.00

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22020468
 Invoice Date: 2/28/2022
 Account ID: 0054
 Order ID: 0054-369
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PUBLIC AFFAIRS PROGR for P.O./Estimate # PAP URBANA
 PSA- S PAP URBANA

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/6/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	DIA ACCION INMIGRANTE FEB	0.00
2/13/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	CAUSA, REPRESENTACION LEGAL U	0.00
2/20/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	LATINO BUILT	0.00
2/27/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	REPRESENTACION LEGAL UNIVERSA	0.00

4 Total Items

Total Cost:

0.00

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

Amount Due:

0.00

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____

_____, NOTARY PUBLIC

KXXP 104.5FM Invoice

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 22020442
 Invoice Date: 2/28/2022
 Account ID: 0054
 Order ID: 0054-384
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S GOT YOUR SIX for P.O./Estimate # GOT YOUR SIX - MILITARY VETERANS & HAVING
 PSA- S GOT YOUR SIX - BOB WOODRUFF FOUNDATION

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/1/2022	02:50 PM	:15	PSA	GOTYRSSP2115	0.00
2/5/2022	04:50 PM	:30	PSA	GOTYRSSP2130	0.00
2/8/2022	10:50 AM	:15	PSA	GOTYRSSP2115	0.00
2/10/2022	11:50 AM	:15	PSA	GOTYRSSP2115	0.00
2/12/2022	05:50 PM	:30	PSA	GOTYRSSP2130	0.00
2/15/2022	02:50 PM	:15	PSA	GOTYRSSP2115	0.00
2/17/2022	03:50 PM	:15	PSA	GOTYRSSP2115	0.00
2/19/2022	10:50 AM	:30	PSA	GOTYRSSP2130	0.00
2/22/2022	02:50 PM	:15	PSA	GOTYRSSP2115	0.00
2/24/2022	01:50 PM	:15	PSA	GOTYRSSP2115	0.00
2/26/2022	04:50 PM	:30	PSA	GOTYRSSP2130	0.00
11 Total Items				Total Cost:	0.00

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

Amount Due: **0.00**

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 22020436
 Invoice Date: 2/28/2022
 Account ID: 0054
 Order ID: 0054-383
 Account Rep: HOUSE ACCOUNTS/ AM/

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S NLCRT LUNG CA for P.O./Estimate # NLCRT LUNG CANCER
 PSA- S NLCRT LUNG CANCER

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/2/2022	03:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
2/4/2022	03:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
2/9/2022	10:50 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
2/11/2022	03:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
2/16/2022	05:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
2/18/2022	05:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
2/23/2022	02:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
2/25/2022	09:50 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
8 Total Items				Total Cost:	0.00

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

Amount Due: 0.00

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22020428
 Invoice Date: 2/28/2022
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S FRASES EN EL for P.O./Estimate # FRASES EN EL TIEMPO
 PSA- S FRASES EN EL TIEMPO

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/1/2022	06:50 PM	:15	PSA	FRASES BUSTOS 2	0.00
2/2/2022	06:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/3/2022	11:50 AM	:15	PSA	FRASES BUSTOS 3	0.00
2/4/2022	01:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/5/2022	04:50 PM	:15	PSA	FRASES BUSTOS 4	0.00
2/6/2022	01:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/7/2022	12:30 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/8/2022	12:30 PM	:15	PSA	FRASES BUSTOS 5	0.00
2/9/2022	11:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/10/2022	03:50 PM	:15	PSA	FRASES BUSTOS 1	0.00
2/11/2022	01:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/12/2022	04:50 PM	:15	PSA	FRASES BUSTOS 2	0.00
2/13/2022	09:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/14/2022	05:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/15/2022	11:50 AM	:15	PSA	FRASES BUSTOS 3	0.00
2/16/2022	12:30 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/17/2022	03:50 PM	:15	PSA	FRASES BUSTOS 4	0.00
2/18/2022	05:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/19/2022	12:50 PM	:15	PSA	FRASES BUSTOS 5	0.00
2/20/2022	10:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/21/2022	03:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/22/2022	08:50 AM	:15	PSA	FRASES BUSTOS 1	0.00
2/23/2022	08:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/24/2022	01:50 PM	:15	PSA	FRASES BUSTOS 2	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S / PSA- S FRASES EN EL for P.O./Estimate # FRASES EN EL TIEMPO
PSA- S FRASES EN EL TIEMPO

Invoice ID: 22020428
Invoice Date: 2/28/2022

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/25/2022	03:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/26/2022	11:50 AM	:15	PSA	FRASES BUSTOS 3	0.00
2/27/2022	10:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/28/2022	02:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
28 Total Items				Total Cost:	0.00

Amount Due: 0.00

KXXP 104.5FM Invoice

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 22020422
 Invoice Date: 2/28/2022
 Account ID: 0054
 Order ID: 0054-373
 Account Rep: HOUSE ACCOUNTS/ AM/

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
 PSA- S COVID-19 VACCINE EDUCATION

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/2/2022	06:50 AM	:30	PSA	CNVE0964000	0.00
2/2/2022	04:50 PM	:60	PSA	CNVE0966000	0.00
2/4/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
2/4/2022	02:50 PM	:60	PSA	CNVE0966000	0.00
2/6/2022	08:50 AM	:30	PSA	CNVE0964000	0.00
2/6/2022	02:50 PM	:60	PSA	CNVE0966000	0.00
2/7/2022	07:50 AM	:30	PSA	CNVE0964000	0.00
2/7/2022	02:50 PM	:60	PSA	CNVE0966000	0.00
2/9/2022	07:50 AM	:60	PSA	CNVE0966000	0.00
2/9/2022	02:50 PM	:30	PSA	CNVE0964000	0.00
2/11/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
2/11/2022	05:50 PM	:60	PSA	CNVE0966000	0.00
2/13/2022	01:50 PM	:60	PSA	CNVE0966000	0.00
2/13/2022	02:50 PM	:30	PSA	CNVE0964000	0.00
2/14/2022	10:50 AM	:60	PSA	CNVE0966000	0.00
2/14/2022	02:50 PM	:30	PSA	CNVE0964000	0.00
2/16/2022	07:50 AM	:60	PSA	CNVE0966000	0.00
2/16/2022	12:30 PM	:30	PSA	CNVE0964000	0.00
2/18/2022	11:50 AM	:30	PSA	CNVE0964000	0.00
2/18/2022	04:50 PM	:60	PSA	CNVE0966000	0.00
2/20/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
2/20/2022	04:50 PM	:60	PSA	CNVE0966000	0.00
2/21/2022	08:50 AM	:60	PSA	CNVE0966000	0.00
2/21/2022	11:50 AM	:30	PSA	CNVE0964000	0.00
2/23/2022	10:50 AM	:60	PSA	CNVE0966000	0.00
2/23/2022	04:50 PM	:30	PSA	CNVE0964000	0.00
2/25/2022	07:50 AM	:30	PSA	CNVE0964000	0.00
2/25/2022	07:50 PM	:60	PSA	CNVE0966000	0.00
2/27/2022	10:50 AM	:60	PSA	CNVE0966000	0.00
2/27/2022	02:50 PM	:30	PSA	CNVE0964000	0.00
2/28/2022	01:50 PM	:60	PSA	CNVE0966000	0.00
2/28/2022	05:50 PM	:30	PSA	CNVE0964000	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S / PSA- S COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
PSA- S COVID-19 VACCINE EDUCATION

Invoice ID: 22020422
Invoice Date: 2/28/2022

Date	Time	Length	Description	CopyID / ISCI Code	Cost
			32 Total Items	Total Cost:	0.00

Amount Due: 0.00

KXXP 104.5FM Invoice

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 22020411
 Invoice Date: 2/28/2022
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/1/2022	09:50 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/1/2022	10:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/1/2022	03:50 PM	:30	PSA	1SSA0044000	0.00
2/2/2022	10:50 AM	:30	PSA	VYSJ0475000H	0.00
2/2/2022	02:50 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/2/2022	05:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/3/2022	11:50 AM	:30	PSA	SARM0240000	0.00
2/3/2022	02:50 PM	:30	PSA	1SSA0044000	0.00
2/3/2022	06:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/4/2022	12:30 PM	:30	PSA	CNFE0357000	0.00
2/4/2022	05:50 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/4/2022	06:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/5/2022	07:50 AM	:30	PSA	SARM0240000	0.00
2/5/2022	12:50 PM	:30	PSA	VYSJ0475000H	0.00
2/5/2022	01:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/6/2022	07:50 AM	:30	PSA	1SSA0044000	0.00
2/6/2022	12:50 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/6/2022	04:50 PM	:30	PSA	CNFE0357000	0.00
2/7/2022	09:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/7/2022	10:50 AM	:30	PSA	VYSJ0475000H	0.00
2/7/2022	12:30 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/8/2022	07:50 AM	:30	PSA	CNFE0357000	0.00
2/8/2022	08:50 AM	:30	PSA	SARM0240000	0.00
2/8/2022	04:50 PM	:30	PSA	1SSA0044000	0.00
2/9/2022	11:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/9/2022	04:50 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/9/2022	06:50 PM	:30	PSA	VYSJ0475000H	0.00
2/10/2022	06:50 AM	:30	PSA	1SSA0044000	0.00
2/10/2022	07:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/10/2022	03:50 PM	:30	PSA	SARM0240000	0.00
2/11/2022	10:50 AM	:30	PSA	CNFE0357000	0.00
2/11/2022	11:50 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/11/2022	06:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/12/2022	06:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/12/2022	12:50 PM	:30	PSA	VYSJ0475000H	0.00
2/12/2022	05:50 PM	:30	PSA	DISTRACTED DRIVING	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S
PSA- S

Invoice ID: 22020411
Invoice Date: 2/28/2022

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/13/2022	09:50 AM	:30	PSA	SARM0240000	0.00
2/13/2022	03:50 PM	:30	PSA	1SSA0044000	0.00
2/13/2022	04:50 PM	:30	PSA	CNFE0357000	0.00
2/14/2022	11:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/14/2022	01:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/14/2022	03:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/15/2022	07:50 AM	:30	PSA	VYSJ0475000H	0.00
2/15/2022	11:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/15/2022	03:50 PM	:30	PSA	SARM0240000	0.00
2/16/2022	09:50 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/16/2022	11:50 AM	:30	PSA	1SSA0044000	0.00
2/16/2022	01:50 PM	:30	PSA	CNFE0357000	0.00
2/17/2022	11:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/17/2022	01:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/17/2022	05:50 PM	:30	PSA	VYSJ0475000H	0.00
2/18/2022	02:50 PM	:30	PSA	1SSA0044000	0.00
2/18/2022	03:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/18/2022	06:50 PM	:30	PSA	SARM0240000	0.00
2/19/2022	08:50 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/19/2022	09:50 AM	:30	PSA	CNFE0357000	0.00
2/19/2022	07:30 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/20/2022	10:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/20/2022	11:50 AM	:30	PSA	VYSJ0475000H	0.00
2/20/2022	02:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/21/2022	09:50 AM	:30	PSA	CNFE0357000	0.00
2/21/2022	12:30 PM	:30	PSA	SARM0240000	0.00
2/21/2022	01:50 PM	:30	PSA	1SSA0044000	0.00
2/22/2022	06:50 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/22/2022	07:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/22/2022	09:50 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/23/2022	08:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/23/2022	03:50 PM	:30	PSA	SARM0240000	0.00
2/23/2022	04:50 PM	:30	PSA	VYSJ0475000H	0.00
2/24/2022	10:50 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/24/2022	11:50 AM	:30	PSA	1SSA0044000	0.00
2/24/2022	06:50 PM	:30	PSA	CNFE0357000	0.00
2/25/2022	10:50 AM	:30	PSA	VYSJ0475000H	0.00
2/25/2022	03:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/25/2022	06:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/26/2022	08:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/26/2022	04:50 PM	:30	PSA	1SSA0044000	0.00
2/26/2022	06:50 PM	:30	PSA	SARM0240000	0.00
2/27/2022	08:50 AM	:30	PSA	CNFE0357000	0.00
2/27/2022	12:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/27/2022	06:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/28/2022	11:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/28/2022	02:50 PM	:30	PSA	VYSJ0475000H	0.00
2/28/2022	03:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
84 Total Items				Total Cost:	0.00

Amount Due: 0.00

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22030434
 Invoice Date: 3/31/2022
 Account ID: 0054
 Order ID: 0054-369
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PUBLIC AFFAIRS PROGR for P.O./Estimate # PAP URBANA
 PSA- S PAP URBANA

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/6/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	INTERNATIONAL WOMEN DAY	0.00
3/13/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	VACUNA COVID 3/13/22	0.00
3/20/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	VACUNA COVID 3/13/22	0.00
3/27/2022	04:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	COVID VACCINE/ ASSISTANCE PROG	0.00

4 Total Items

Total Cost:

0.00

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

Amount Due:

0.00

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____

_____, NOTARY PUBLIC

KXXP 104.5FM Invoice

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 22030419
 Invoice Date: 3/31/2022
 Account ID: 0054
 Order ID: 0054-385
 Account Rep: HOUSE ACCOUNTS/ AM/

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S CHILD CAR SAF for P.O./Estimate # CHILD CAR SAFETY
 PSA- S CHILD CAR SAFETY

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/12/2022	08:50 AM	:30	PSA	CNCS0044000	0.00
3/12/2022	03:50 PM	:60	PSA	CNCS0461000	0.00
3/13/2022	04:50 PM	:60	PSA	CNCS0461000	0.00
3/14/2022	11:50 AM	:60	PSA	CNCS0461000	0.00
3/15/2022	09:50 AM	:60	PSA	CNCS0461000	0.00
3/15/2022	06:50 PM	:30	PSA	CNCS0044000	0.00
3/16/2022	05:50 PM	:60	PSA	CNCS0461000	0.00
3/17/2022	11:50 AM	:60	PSA	CNCS0461000	0.00
3/17/2022	03:50 PM	:30	PSA	CNCS0044000	0.00
3/18/2022	04:50 PM	:60	PSA	CNCS0461000	0.00
3/19/2022	10:50 AM	:60	PSA	CNCS0461000	0.00
3/19/2022	04:50 PM	:30	PSA	CNCS0044000	0.00
3/20/2022	12:50 PM	:60	PSA	CNCS0461000	0.00
3/21/2022	01:50 PM	:60	PSA	CNCS0461000	0.00
3/22/2022	09:50 AM	:30	PSA	CNCS0044000	0.00
3/22/2022	04:22 PM	:60	PSA	CNCS0461000	0.00
3/23/2022	07:50 PM	:60	PSA	CNCS0461000	0.00
3/24/2022	03:50 PM	:60	PSA	CNCS0461000	0.00
3/24/2022	06:22 PM	:30	PSA	CNCS0044000	0.00
3/25/2022	06:22 PM	:60	PSA	CNCS0461000	0.00
3/26/2022	02:50 PM	:30	PSA	CNCS0044000	0.00
3/26/2022	06:50 PM	:60	PSA	CNCS0461000	0.00
3/27/2022	05:50 PM	:60	PSA	CNCS0461000	0.00
3/28/2022	07:50 PM	:60	PSA	CNCS0461000	0.00
3/29/2022	10:50 AM	:30	PSA	CNCS0044000	0.00
3/29/2022	08:50 PM	:60	PSA	CNCS0461000	0.00
3/30/2022	03:22 PM	:60	PSA	CNCS0461000	0.00
3/31/2022	05:50 PM	:30	PSA	CNCS0044000	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S / PSA- S CHILD CAR SAF for P.O./Estimate # CHILD CAR SAFETY
PSA- S CHILD CAR SAFETY

Invoice ID: 22030419
Invoice Date: 3/31/2022

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
			28 Total Items	Total Cost:	0.00

Amount Due:

KXXP 104.5FM Invoice

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 22030413
 Invoice Date: 3/31/2022
 Account ID: 0054
 Order ID: 0054-384
 Account Rep: HOUSE ACCOUNTS/ AM/

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S GOT YOUR SIX for P.O./Estimate # GOT YOUR SIX - MILITARY VETERANS & HAVING
 PSA- S GOT YOUR SIX - BOB WOODRUFF FOUNDATION

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/1/2022	01:50 PM	:15	PSA	GOTYRSSP2115	0.00
3/3/2022	01:50 PM	:15	PSA	GOTYRSSP2115	0.00
3/5/2022	12:50 PM	:30	PSA	GOTYRSSP2130	0.00
3/8/2022	11:50 AM	:15	PSA	GOTYRSSP2115	0.00
3/10/2022	03:50 PM	:15	PSA	GOTYRSSP2115	0.00
3/12/2022	02:50 PM	:30	PSA	GOTYRSSP2130	0.00
3/15/2022	04:50 PM	:15	PSA	GOTYRSSP2115	0.00
3/17/2022	01:50 PM	:15	PSA	GOTYRSSP2115	0.00
3/19/2022	01:50 PM	:30	PSA	GOTYRSSP2130	0.00
3/22/2022	05:22 PM	:15	PSA	GOTYRSSP2115	0.00
3/24/2022	04:22 PM	:15	PSA	GOTYRSSP2115	0.00
3/26/2022	04:50 PM	:30	PSA	GOTYRSSP2130	0.00
3/29/2022	06:50 PM	:15	PSA	GOTYRSSP2115	0.00
3/31/2022	11:50 AM	:15	PSA	GOTYRSSP2115	0.00

14 Total Items

Total Cost:

0.00

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

Amount Due: 0.00

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____

_____, NOTARY PUBLIC

KXXP 104.5FM Invoice

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 22030407
 Invoice Date: 3/31/2022
 Account ID: 0054
 Order ID: 0054-383
 Account Rep: HOUSE ACCOUNTS/ AM/

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S NLCRT LUNG CA for P.O./Estimate # NLCRT LUNG CANCER
 PSA- S NLCRT LUNG CANCER

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/2/2022	01:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
3/4/2022	03:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
3/9/2022	03:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
3/11/2022	03:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
3/16/2022	07:50 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
3/18/2022	03:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
3/23/2022	03:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
3/25/2022	09:50 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00
3/30/2022	05:50 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 S	0.00

9 Total Items Total Cost: 0.00

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

Amount Due: 0.00

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

Invoice ID: 22030399
 Invoice Date: 3/31/2022
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AM

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S FRASES EN EL for P.O./Estimate # FRASES EN EL TIEMPO
 PSA- S FRASES EN EL TIEMPO

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/1/2022	01:50 PM	:15	PSA	FRASES BUSTOS 4	0.00
3/2/2022	11:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/3/2022	02:50 PM	:15	PSA	FRASES BUSTOS 5	0.00
3/4/2022	09:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/5/2022	06:50 PM	:15	PSA	FRASES BUSTOS 1	0.00
3/6/2022	07:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/7/2022	09:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/8/2022	10:50 AM	:15	PSA	FRASES BUSTOS 2	0.00
3/9/2022	08:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/10/2022	03:50 PM	:15	PSA	FRASES BUSTOS 3	0.00
3/11/2022	09:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/12/2022	07:30 PM	:15	PSA	FRASES BUSTOS 4	0.00
3/13/2022	09:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/14/2022	03:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/15/2022	04:50 PM	:15	PSA	FRASES BUSTOS 5	0.00
3/16/2022	09:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/17/2022	01:50 PM	:15	PSA	FRASES BUSTOS 1	0.00
3/18/2022	10:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/19/2022	11:50 AM	:15	PSA	FRASES BUSTOS 2	0.00
3/20/2022	10:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/21/2022	08:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/22/2022	04:22 PM	:15	PSA	FRASES BUSTOS 3	0.00
3/23/2022	09:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/24/2022	04:22 PM	:15	PSA	FRASES BUSTOS 4	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S / PSA- S FRASES EN EL for P.O./Estimate # FRASES EN EL TIEMPO
PSA- S FRASES EN EL TIEMPO

Invoice ID: 22030399
Invoice Date: 3/31/2022

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/25/2022	05:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/26/2022	05:50 PM	:15	PSA	FRASES BUSTOS 5	0.00
3/27/2022	12:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/28/2022	08:50 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/29/2022	06:50 PM	:15	PSA	FRASES BUSTOS 1	0.00
3/30/2022	01:50 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/31/2022	06:50 AM	:15	PSA	FRASES BUSTOS 2	0.00
31 Total Items				Total Cost:	0.00

Amount Due: 0.00

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22030393
 Invoice Date: 3/31/2022
 Account ID: 0054
 Order ID: 0054-373
 Account Rep: HOUSE ACCOUNTS/ AM

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S / PSA- S COVID-19 VACC for P.O./Estimate # COVID-19 VACCINE EDUCATION
 PSA- S COVID-19 VACCINE EDUCATION

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/2/2022	11:50 AM	:30	PSA	CNVE0964000	0.00
3/2/2022	03:50 PM	:60	PSA	CNVE0966000	0.00
3/4/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
3/4/2022	01:50 PM	:60	PSA	CNVE0966000	0.00
3/6/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
3/6/2022	11:50 AM	:60	PSA	CNVE0966000	0.00
3/7/2022	09:50 AM	:60	PSA	CNVE0966000	0.00
3/7/2022	04:50 PM	:30	PSA	CNVE0964000	0.00
3/9/2022	02:50 PM	:60	PSA	CNVE0966000	0.00
3/9/2022	04:50 PM	:30	PSA	CNVE0964000	0.00
3/11/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
3/11/2022	07:50 PM	:60	PSA	CNVE0966000	0.00
3/13/2022	10:50 AM	:60	PSA	CNVE0966000	0.00
3/13/2022	11:50 AM	:30	PSA	CNVE0964000	0.00
3/14/2022	03:50 PM	:30	PSA	CNVE0964000	0.00
3/14/2022	10:50 PM	:60	PSA	CNVE0966000	0.00
3/16/2022	09:50 AM	:30	PSA	CNVE0964000	0.00
3/16/2022	02:50 PM	:60	PSA	CNVE0966000	0.00
3/18/2022	11:50 AM	:60	PSA	CNVE0966000	0.00
3/18/2022	02:50 PM	:30	PSA	CNVE0964000	0.00
3/20/2022	09:50 AM	:60	PSA	CNVE0966000	0.00
3/20/2022	05:50 PM	:30	PSA	CNVE0964000	0.00
3/21/2022	02:50 PM	:60	PSA	CNVE0966000	0.00
3/21/2022	04:50 PM	:30	PSA	CNVE0964000	0.00
24 Total Items				Total Cost:	0.00

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

Amount Due: 0.00

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX

KXXP 104.5FM Invoice

Invoice ID: 22030386
 Invoice Date: 3/31/2022
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMA

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 BUSTOS MEDIA HOLDINGS LLC
 5110 SE STARK STREET
 PORTLAND, OR 97215

Thank you for your business!

Sponsor: PSA- S
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/1/2022	08:50 AM	:30	PSA	SARM0240000	0.00
3/1/2022	10:50 AM	:30	PSA	1SSA0044000	0.00
3/1/2022	02:50 PM	:30	PSA	CNFE0357000	0.00
3/2/2022	07:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/2/2022	09:50 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/2/2022	12:30 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/3/2022	06:50 AM	:30	PSA	SARM0240000	0.00
3/3/2022	09:50 AM	:30	PSA	VYSJ0475000H	0.00
3/3/2022	04:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/4/2022	08:50 AM	:30	PSA	CNFE0357000	0.00
3/4/2022	10:50 AM	:30	PSA	1SSA0044000	0.00
3/4/2022	02:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/5/2022	09:50 AM	:30	PSA	VYSJ0475000H	0.00
3/5/2022	11:50 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/5/2022	05:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/6/2022	07:50 AM	:30	PSA	1SSA0044000	0.00
3/6/2022	03:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/6/2022	04:50 PM	:30	PSA	SARM0240000	0.00
3/7/2022	08:50 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/7/2022	11:50 AM	:30	PSA	CNFE0357000	0.00
3/7/2022	01:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/8/2022	07:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/8/2022	09:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/8/2022	06:50 PM	:30	PSA	VYSJ0475000H	0.00
3/9/2022	06:50 PM	:30	PSA	SARM0240000	0.00
3/9/2022	07:50 PM	:30	PSA	1SSA0044000	0.00
3/9/2022	07:50 PM	:30	PSA	CNFE0357000	0.00
3/10/2022	06:50 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/10/2022	09:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/10/2022	02:50 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/11/2022	11:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/11/2022	05:50 PM	:30	PSA	SARM0240000	0.00
3/11/2022	06:50 PM	:30	PSA	VYSJ0475000H	0.00
3/12/2022	10:50 AM	:30	PSA	CNFE0357000	0.00
3/12/2022	12:50 PM	:30	PSA	1SSA0044000	0.00
3/12/2022	04:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00

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

Continued

STATE OF _____
 COUNTY OF _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KXXP 104.5FM Invoice

Sponsor: PSA- S
PSA- S

Invoice ID: 22030386
Invoice Date: 3/31/2022

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/13/2022	07:50 AM	:30	PSA	VYSJ0475000H	0.00
3/13/2022	02:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/13/2022	03:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/14/2022	09:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/14/2022	01:50 PM	:30	PSA	SARM0240000	0.00
3/14/2022	07:50 PM	:30	PSA	1SSA0044000	0.00
3/15/2022	05:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/15/2022	07:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/15/2022	08:50 PM	:30	PSA	CNFE0357000	0.00
3/16/2022	06:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/16/2022	03:50 PM	:30	PSA	VYSJ0475000H	0.00
3/16/2022	04:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/17/2022	08:50 AM	:30	PSA	1SSA0044000	0.00
3/17/2022	09:50 AM	:30	PSA	CNFE0357000	0.00
3/17/2022	10:50 AM	:30	PSA	SARM0240000	0.00
3/18/2022	08:50 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/18/2022	10:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/18/2022	02:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/19/2022	11:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/19/2022	02:50 PM	:30	PSA	VYSJ0475000H	0.00
3/19/2022	03:50 PM	:30	PSA	SARM0240000	0.00
3/20/2022	01:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/20/2022	02:50 PM	:30	PSA	1SSA0044000	0.00
3/20/2022	06:50 PM	:30	PSA	CNFE0357000	0.00
3/21/2022	09:50 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/21/2022	05:50 PM	:30	PSA	VYSJ0475000H	0.00
3/21/2022	06:22 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/22/2022	08:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/22/2022	10:50 AM	:30	PSA	SARM0240000	0.00
3/22/2022	05:50 PM	:30	PSA	1SSA0044000	0.00
3/23/2022	07:50 AM	:30	PSA	CNFE0357000	0.00
3/23/2022	11:50 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/23/2022	12:30 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/24/2022	09:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/24/2022	01:50 PM	:30	PSA	VYSJ0475000H	0.00
3/24/2022	05:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/25/2022	02:50 PM	:30	PSA	CNFE0357000	0.00
3/25/2022	04:50 PM	:30	PSA	1SSA0044000	0.00
3/25/2022	07:50 PM	:30	PSA	SARM0240000	0.00
3/26/2022	03:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/26/2022	04:50 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/26/2022	05:50 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/27/2022	09:50 AM	:30	PSA	VYSJ0475000H	0.00
3/27/2022	11:50 AM	:30	PSA	SARM0240000	0.00
3/27/2022	01:50 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/28/2022	09:50 AM	:30	PSA	1SSA0044000	0.00
3/28/2022	02:50 PM	:30	PSA	CNFE0357000	0.00
3/28/2022	04:50 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/29/2022	07:50 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/29/2022	10:50 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/29/2022	11:50 AM	:30	PSA	VYSJ0475000H	0.00

Continued

KXXP 104.5FM Invoice

Invoice ID: 22030386

Invoice Date: 3/31/2022

Sponsor: PSA- S
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/30/2022	11:50 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/30/2022	01:50 PM	:30	PSA	SARM0240000	0.00
3/30/2022	02:50 PM	:30	PSA	1SSA0044000	0.00
3/31/2022	08:50 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/31/2022	09:50 AM	:30	PSA	CNFE0357000	0.00
3/31/2022	12:30 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00

93 Total Items

Total Cost:

0.00

Amount Due:

0.00