



STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

1st QUARTER – 2024

KWBY 940AM

The following public service announcements on the attached sheet were aired during the period JANUARY 1st 2024 and MARCH 31st 2024 on the station indicated. All public service and public affairs programs were aired on the stations listed above.

A handwritten signature in blue ink that reads "Chitralekha Gade" with a stylized flourish at the end.

CHITRALEKHA GADE
CHIEF ADMIN. OFFICER

KWBY 940 AM Invoice

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

Invoice ID: 24010227
 Invoice Date: 1/31/2024
 Account ID: 0054
 Order ID: 0054-375
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S PUBLIC AFFAIRS PROGRAM LA PANTERA for P.O./Estimate # PAP LA PANTERA
 PSA- S PUBLIC AFFAIRS PROGRAM

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/7/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	WHATTSMART AHORA DINERO	0.00
1/14/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	WHATTSMART AHORA DINERO	0.00
1/21/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FENTANILO DROGA LETAL	0.00
1/28/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	LATINO BUILD, CAPACITANDO EMPRE	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: OREGON
 COUNTY OF:

Subscribed and sworn before me this _____ day of _____

_____, NOTARY PUBLIC

KWBY 940 AM Invoice

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

Invoice ID: 24010217
 Invoice Date: 1/31/2024
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2024	06:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/1/2024	02:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/1/2024	05:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/2/2024	05:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/2/2024	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/2/2024	01:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/3/2024	05:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/3/2024	06:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/3/2024	01:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/4/2024	08:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/4/2024	12:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/4/2024	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/5/2024	03:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/5/2024	07:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/5/2024	08:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/6/2024	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/6/2024	02:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/6/2024	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/7/2024	02:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/7/2024	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/7/2024	09:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/8/2024	02:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/8/2024	09:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/8/2024	05:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/9/2024	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/9/2024	03:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/9/2024	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/10/2024	04:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
1/10/2024	08:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/10/2024	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/11/2024	04:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/11/2024	12:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/11/2024	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/12/2024	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/12/2024	06:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/12/2024	07:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	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: OREGON
 COUNTY OF:
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWBX 940 AM Invoice

Invoice ID: 24010217
Invoice Date: 1/31/2024

Sponsor: PSA- S
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/13/2024	01:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/13/2024	08:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/13/2024	12:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/14/2024	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/14/2024	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/14/2024	06:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/15/2024	12:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/15/2024	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/15/2024	05:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/16/2024	04:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/16/2024	02:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/16/2024	10:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/17/2024	11:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/17/2024	05:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/17/2024	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/18/2024	05:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/18/2024	12:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/18/2024	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/19/2024	12:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/19/2024	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/19/2024	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/20/2024	09:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/20/2024	02:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/20/2024	09:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/21/2024	01:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/21/2024	01:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/21/2024	06:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/22/2024	10:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/22/2024	03:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/22/2024	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/23/2024	03:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/23/2024	09:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/23/2024	11:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/24/2024	08:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/24/2024	11:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/24/2024	09:20 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/25/2024	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/25/2024	07:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/25/2024	05:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/26/2024	06:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/26/2024	06:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/26/2024	08:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/27/2024	12:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/27/2024	07:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/27/2024	02:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/28/2024	01:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/28/2024	05:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/28/2024	11:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/29/2024	01:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/29/2024	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00

Continued

KWBX 940 AM Invoice

Invoice ID: 24010217
Invoice Date: 1/31/2024

Sponsor: PSA- S
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/29/2024	06:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/30/2024	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/30/2024	02:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/30/2024	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/31/2024	02:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/31/2024	04:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/31/2024	10:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00

93 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

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

Invoice ID: 24010223
 Invoice Date: 1/31/2024
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2024	11:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/2/2024	01:20 PM	:15	PSA	FRASES BUSTOS 3	0.00
1/3/2024	06:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/4/2024	04:20 PM	:15	PSA	FRASES BUSTOS 4	0.00
1/5/2024	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/6/2024	04:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
1/7/2024	04:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/8/2024	06:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/9/2024	12:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
1/10/2024	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/11/2024	07:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
1/12/2024	10:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/13/2024	06:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
1/14/2024	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/15/2024	06:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/16/2024	05:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
1/17/2024	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/18/2024	01:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
1/19/2024	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/20/2024	06:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
1/21/2024	05:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/22/2024	10:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/23/2024	06:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
1/24/2024	06:40 PM	:30	PSA	FRASES BUSTOS 6	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 OREGON
 COUNTY OF:
 Subscribed and sworn before me this ____ day of _____
 _____, NOTARY PUBLIC

KWBX 940 AM Invoice

Invoice ID: 24010223
Invoice Date: 1/31/2024

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

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/25/2024	11:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
1/26/2024	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/27/2024	04:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
1/28/2024	05:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/29/2024	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/30/2024	06:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
1/31/2024	03:40 PM	:30	PSA	FRASES BUSTOS 6	0.00

31 Total Items **Total Cost:** **\$0.00**

Amount Due: **\$0.00**

KWBY 940 AM Invoice

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

Invoice ID: 24020277
 Invoice Date: 2/29/2024
 Account ID: 0054
 Order ID: 0054-375
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S PUBLIC AFFAIRS PROGRAM LA PANTERA for P.O./Estimate # PAP LA PANTERA
 PSA- S PUBLIC AFFAIRS PROGRAM

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/4/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	LATINO BUILD, CAPACITANDO EMPRE	0.00
2/11/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	KEEP COVERED OREGON	0.00
2/18/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	CHILDREN INSURANCE COVERAGE	0.00
2/25/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	CHILDREN INSURANCE COVERAGE	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: OREGON
 COUNTY OF:
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWBY 940 AM Invoice

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

Invoice ID: 24020267
 Invoice Date: 2/29/2024
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/1/2024	02:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/1/2024	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/1/2024	10:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/2/2024	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/2/2024	02:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/3/2024	02:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/3/2024	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/3/2024	05:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/4/2024	01:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/4/2024	07:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/4/2024	10:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/5/2024	01:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/5/2024	04:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/5/2024	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/6/2024	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/6/2024	12:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/6/2024	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/7/2024	05:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/7/2024	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/7/2024	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/8/2024	01:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/8/2024	03:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/8/2024	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/9/2024	02:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/9/2024	07:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/9/2024	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/10/2024	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/10/2024	03:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/10/2024	09:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/11/2024	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/11/2024	12:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/11/2024	11:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/12/2024	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/12/2024	05:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/12/2024	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/13/2024	02:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	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: OREGON
 COUNTY OF: _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWB 940 AM Invoice

Invoice ID: 24020267
 Invoice Date: 2/29/2024

Sponsor: PSA- S
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/13/2024	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/13/2024	07:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/14/2024	03:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/14/2024	06:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/14/2024	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
2/15/2024	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/15/2024	05:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/15/2024	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/16/2024	03:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/16/2024	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/16/2024	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/17/2024	04:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/17/2024	10:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
2/17/2024	06:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/18/2024	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/18/2024	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/18/2024	08:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/19/2024	05:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/19/2024	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/19/2024	07:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/20/2024	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/20/2024	06:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
2/20/2024	09:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/21/2024	12:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/21/2024	10:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/21/2024	03:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/22/2024	02:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/22/2024	01:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/22/2024	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
2/23/2024	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/23/2024	10:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/23/2024	06:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/24/2024	01:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/24/2024	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/24/2024	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/25/2024	01:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/25/2024	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
2/25/2024	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/26/2024	05:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/26/2024	01:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/26/2024	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/27/2024	12:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/27/2024	08:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/27/2024	10:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
2/28/2024	05:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
2/28/2024	02:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
2/28/2024	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
2/29/2024	12:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
2/29/2024	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
2/29/2024	09:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00

Continued

KWBY 940 AM Invoice

Invoice ID: 24020267
Invoice Date: 2/29/2024

Sponsor: PSA- S
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
			86 Total Items	Total Cost:	\$0.00

Amount Due: \$0.00

KWBY 940 AM Invoice

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

Invoice ID: 24020273
 Invoice Date: 2/29/2024
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/1/2024	06:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
2/2/2024	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/3/2024	10:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
2/4/2024	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/5/2024	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/6/2024	01:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
2/7/2024	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/8/2024	07:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
2/9/2024	02:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/10/2024	04:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
2/11/2024	01:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/12/2024	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/13/2024	01:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
2/14/2024	08:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/15/2024	02:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
2/16/2024	09:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/17/2024	08:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
2/18/2024	09:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/19/2024	05:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/20/2024	09:20 PM	:15	PSA	FRASES BUSTOS 3	0.00
2/21/2024	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/22/2024	11:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
2/23/2024	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/24/2024	07:40 AM	: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: OREGON
 COUNTY OF:
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWBY 940 AM Invoice

Invoice ID: 24020273
Invoice Date: 2/29/2024

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/25/2024	05:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/26/2024	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/27/2024	12:20 AM	:15	PSA	FRASES BUSTOS 4	0.00
2/28/2024	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/29/2024	04:40 PM	:15	PSA	FRASES BUSTOS 5	0.00

29 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

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

Invoice ID: 24030285
 Invoice Date: 3/31/2024
 Account ID: 0054
 Order ID: 0054-375
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00
 Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S / PSA- S PUBLIC AFFAIRS PROGRAM LA PANTERA for P.O./Estimate # PAP LA PANTERA
 PSA- S PUBLIC AFFAIRS PROGRAM

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/3/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	PLAN SEGURO	0.00
3/10/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	TAXES	0.00
3/17/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	TAXES	0.00
3/24/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	TAXES	0.00
3/31/2024	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	DOUBLE AA	0.00

5 Total Items	Total Cost:	\$0.00
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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: OREGON
 COUNTY OF:
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWBY 940 AM Invoice

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

Invoice ID: 24030283
 Invoice Date: 3/31/2024
 Account ID: 0054
 Order ID: 0054-318
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

Sponsor: PSA- S
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/1/2024	02:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/1/2024	11:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/1/2024	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/2/2024	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/2/2024	09:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/2/2024	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/3/2024	01:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/3/2024	10:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/3/2024	06:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/4/2024	04:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/4/2024	02:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/4/2024	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/5/2024	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/5/2024	05:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/5/2024	07:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/6/2024	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/6/2024	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/6/2024	07:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/7/2024	05:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/7/2024	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/7/2024	01:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/8/2024	12:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/8/2024	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/8/2024	05:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/9/2024	06:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/9/2024	05:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/9/2024	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/10/2024	12:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/10/2024	04:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/10/2024	09:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/11/2024	12:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/11/2024	05:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/11/2024	09:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/12/2024	01:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/12/2024	06:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/12/2024	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	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: OREGON
 COUNTY OF: _____
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWBV 940 AM Invoice

Invoice ID: 24030283
Invoice Date: 3/31/2024

Sponsor: PSA- S
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/13/2024	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/13/2024	08:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/13/2024	08:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/14/2024	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/14/2024	05:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/14/2024	10:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/15/2024	05:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/15/2024	07:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/15/2024	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/16/2024	12:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/16/2024	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/16/2024	12:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/17/2024	12:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/17/2024	10:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/17/2024	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/18/2024	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/18/2024	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/18/2024	09:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/19/2024	05:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/19/2024	01:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/19/2024	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/20/2024	01:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/20/2024	05:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/20/2024	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/21/2024	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/21/2024	08:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/21/2024	05:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/22/2024	01:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/22/2024	02:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/22/2024	07:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/23/2024	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/23/2024	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/23/2024	01:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/24/2024	06:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/24/2024	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/24/2024	10:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/25/2024	02:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/25/2024	11:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/25/2024	03:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/26/2024	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/26/2024	09:40 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/26/2024	04:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/27/2024	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/27/2024	04:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/27/2024	05:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/28/2024	06:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/28/2024	11:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/28/2024	11:40 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/29/2024	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/29/2024	01:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00

Continued

KWBX 940 AM Invoice

Invoice ID: 24030283
Invoice Date: 3/31/2024

Sponsor: PSA- S
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/29/2024	07:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/30/2024	04:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/30/2024	10:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/30/2024	04:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/31/2024	09:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/31/2024	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/31/2024	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00

93 Total Items

Total Cost:

\$0.00

Amount Due: \$0.00

KWBX 940 AM Invoice

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

Invoice ID: 24030284
 Invoice Date: 3/31/2024
 Account ID: 0054
 Order ID: 0054-374
 Account Rep: HOUSE ACCOUNTS/ AMADC

Amount Due: \$0.00

Amount Paid: _____

PSA-S

PLEASE REMIT PAYMENT TO
 DISTELL RADIO GROUP
 5110 SE STARK STREET

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

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/1/2024	05:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/2/2024	02:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
3/3/2024	05:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/4/2024	09:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/5/2024	07:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
3/6/2024	06:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/7/2024	06:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
3/8/2024	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/9/2024	10:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
3/10/2024	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/11/2024	09:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/12/2024	11:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
3/13/2024	08:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/14/2024	09:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
3/15/2024	10:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/16/2024	03:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
3/17/2024	08:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/18/2024	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/19/2024	06:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
3/20/2024	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/21/2024	06:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
3/22/2024	08:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/23/2024	10:40 PM	:15	PSA	FRASES BUSTOS 5	0.00
3/24/2024	12:40 PM	:30	PSA	FRASES BUSTOS 6	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: OREGON
 COUNTY OF:
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWBY 940 AM Invoice

Invoice ID: 24030284
Invoice Date: 3/31/2024

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

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/25/2024	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/26/2024	11:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
3/28/2024	08:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
3/29/2024	04:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/30/2024	12:40 PM	:15	PSA	FRASES BUSTOS 2	0.00
3/31/2024	06:40 PM	:30	PSA	FRASES BUSTOS 6	0.00

30 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00