

DISTELL RADIO GROUP

STATION ISSUES PUBLIC SERVICE & PUBLIC AFFAIRS

1ST QUARTER – 2023

KWBY 940 AM

The following public service announcements on the attached sheet were aired during the period January 1st 2023 and March 31st 2023 on the station indicated. All public service and public affairs programs were aired on the stations listed above.



Chitralekha Gade
Chief Administrative Officer

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23010300
 Invoice Date: 1/31/2023
 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
1/1/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	TELEMEDINCINE COVID 19	0.00
1/8/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	ASISTNECIA PARA REHABILITACION A	0.00
1/15/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	ASISTNECIA PARA REHABILITACION A	0.00
1/22/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	ASISTNECIA PARA REHABILITACION A	0.00
1/29/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	PROGRAMA PREVENCION Y ADICCIO	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: OREGON
 COUNTY OF:
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWB 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23010290
 Invoice Date: 1/31/2023
 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
1/1/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/1/2023	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/1/2023	06:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/2/2023	05:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/2/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/2/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/3/2023	06:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/3/2023	01:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/3/2023	06:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/4/2023	05:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/4/2023	05:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/4/2023	07:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/5/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/5/2023	06:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/5/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/6/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/6/2023	11:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/6/2023	06:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/7/2023	08:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/7/2023	03:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/7/2023	10:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/8/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/8/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/8/2023	11:40 AM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/9/2023	12:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/9/2023	06:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/9/2023	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/10/2023	01:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
1/10/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
1/10/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
1/11/2023	01:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/11/2023	03:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
1/11/2023	10:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
1/12/2023	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/12/2023	10:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/12/2023	11:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	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: 23010290
Invoice Date: 1/31/2023

Sponsor: PSA- S
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/13/2023	06:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/13/2023	07:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/13/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/14/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/14/2023	05:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/14/2023	07:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/15/2023	01:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/15/2023	12:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/15/2023	03:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/16/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/16/2023	06:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/16/2023	02:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/17/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/17/2023	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/17/2023	10:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/18/2023	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/18/2023	09:40 AM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/18/2023	12:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/19/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/19/2023	03:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/19/2023	11:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/20/2023	06:20 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/20/2023	06:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/20/2023	05:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/21/2023	03:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/21/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/21/2023	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/22/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/22/2023	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/22/2023	11:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/23/2023	03:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/23/2023	12:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/23/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/24/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/24/2023	12:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/24/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/25/2023	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/25/2023	02:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/25/2023	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/26/2023	06:20 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/26/2023	06:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
1/26/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/27/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/27/2023	12:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/27/2023	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/28/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/28/2023	02:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/28/2023	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
1/29/2023	06:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
1/29/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00

Continued

KWBY 940 AM Invoice

Invoice ID: 23010290
Invoice Date: 1/31/2023

Sponsor: PSA- S
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/29/2023	11:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
1/30/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
1/30/2023	12:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
1/30/2023	05:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
1/31/2023	09:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
1/31/2023	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
1/31/2023	06:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00

93 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWB 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23010296
 Invoice Date: 1/31/2023
 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
1/1/2023	04:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/2/2023	08:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/3/2023	09:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
1/4/2023	09:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/5/2023	04:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
1/6/2023	12:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/7/2023	04:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
1/8/2023	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/9/2023	06:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/10/2023	02:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
1/11/2023	06:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/12/2023	01:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
1/13/2023	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/14/2023	07:20 PM	:15	PSA	FRASES BUSTOS 2	0.00
1/15/2023	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/16/2023	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/17/2023	12:20 PM	:15	PSA	FRASES BUSTOS 4	0.00
1/19/2023	04:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
1/20/2023	10:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/21/2023	03:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
1/22/2023	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/23/2023	11:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/24/2023	04:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
1/25/2023	08:40 AM	: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: 23010296
Invoice Date: 1/31/2023

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
1/26/2023	04:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
1/27/2023	04:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
1/28/2023	10:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
1/29/2023	08:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/30/2023	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
1/31/2023	08:40 PM	:15	PSA	FRASES BUSTOS 5	0.00

30 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23010302
 Invoice Date: 1/31/2023
 Account ID: 0054
 Order ID: 0054-377
 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 LUNG CANCER for P.O./Estimate # SAVE YOUR LIFE
 PSA- S LUNG CANCER

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/4/2023	12:40 AM	:30	PSA	CNLS0057000	0.00
1/6/2023	06:40 AM	:30	PSA	CNLS0057000	0.00
1/11/2023	05:40 AM	:30	PSA	CNLS0057000	0.00
1/13/2023	10:40 PM	:30	PSA	CNLS0057000	0.00
1/18/2023	01:40 PM	:30	PSA	CNLS0057000	0.00
1/20/2023	12:40 PM	:30	PSA	CNLS0057000	0.00
1/25/2023	04:40 AM	:30	PSA	CNLS0057000	0.00
1/27/2023	01:40 PM	:30	PSA	CNLS0057000	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: OREGON
 COUNTY OF:
 Subscribed and sworn before me this _____ day of _____
 _____, NOTARY PUBLIC

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23010307
 Invoice Date: 1/31/2023
 Account ID: 0054
 Order ID: 0054-383
 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 NLCRT LUNG CANCER for P.O./Estimate # NLCRT LUNG CANCER
 PSA- S NLCRT LUNG CANCER

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/4/2023	04:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/6/2023	04:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/11/2023	08:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/13/2023	02:40 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/20/2023	12:40 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/25/2023	04:40 PM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00
1/27/2023	07:40 AM	:30	PSA	LUNG_CANCER_SCREENING_2021 SP	0.00

7 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

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23010312
 Invoice Date: 1/31/2023
 Account ID: 0054
 Order ID: 0054-385
 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 CHILD CAR SAFETY for P.O./Estimate # CHILD CAR SAFETY
 PSA- S CHILD CAR SAFETY

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2023	10:40 PM	:60	PSA	CNCS0461000	0.00
1/2/2023	05:40 PM	:60	PSA	CNCS0461000	0.00
1/3/2023	01:40 PM	:30	PSA	CNCS0044000	0.00
1/3/2023	04:40 PM	:60	PSA	CNCS0461000	0.00
1/4/2023	03:40 AM	:60	PSA	CNCS0461000	0.00
1/5/2023	12:40 AM	:30	PSA	CNCS0044000	0.00
1/5/2023	09:40 AM	:60	PSA	CNCS0461000	0.00
1/6/2023	10:40 PM	:60	PSA	CNCS0461000	0.00
1/7/2023	04:40 AM	:60	PSA	CNCS0461000	0.00
1/7/2023	04:40 PM	:30	PSA	CNCS0044000	0.00
1/8/2023	10:40 AM	:60	PSA	CNCS0461000	0.00
1/9/2023	04:40 PM	:60	PSA	CNCS0461000	0.00
1/10/2023	11:40 AM	:60	PSA	CNCS0461000	0.00
1/10/2023	05:40 PM	:30	PSA	CNCS0044000	0.00
1/11/2023	06:40 AM	:60	PSA	CNCS0461000	0.00
1/12/2023	06:20 AM	:30	PSA	CNCS0044000	0.00
1/12/2023	12:40 PM	:60	PSA	CNCS0461000	0.00
1/13/2023	08:40 AM	:60	PSA	CNCS0461000	0.00
1/14/2023	03:40 PM	:60	PSA	CNCS0461000	0.00
1/14/2023	10:40 PM	:30	PSA	CNCS0044000	0.00
1/15/2023	11:20 AM	:60	PSA	CNCS0461000	0.00
1/16/2023	07:40 PM	:60	PSA	CNCS0461000	0.00
1/17/2023	05:40 PM	:30	PSA	CNCS0044000	0.00
1/17/2023	07:40 PM	:60	PSA	CNCS0461000	0.00
1/19/2023	01:40 AM	:30	PSA	CNCS0044000	0.00
1/19/2023	06:40 AM	:60	PSA	CNCS0461000	0.00
1/20/2023	11:40 AM	:60	PSA	CNCS0461000	0.00
1/21/2023	04:40 AM	:30	PSA	CNCS0044000	0.00
1/21/2023	09:40 AM	:60	PSA	CNCS0461000	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: 23010312
 Invoice Date: 1/31/2023

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

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/22/2023	04:40 PM	:60	PSA	CNCS0461000	0.00
1/23/2023	08:40 PM	:60	PSA	CNCS0461000	0.00
1/24/2023	12:20 PM	:60	PSA	CNCS0461000	0.00
1/24/2023	03:40 PM	:30	PSA	CNCS0044000	0.00
1/25/2023	01:40 PM	:60	PSA	CNCS0461000	0.00
1/26/2023	09:40 AM	:60	PSA	CNCS0461000	0.00
1/26/2023	10:40 PM	:30	PSA	CNCS0044000	0.00
1/27/2023	08:40 PM	:60	PSA	CNCS0461000	0.00
1/28/2023	11:40 AM	:30	PSA	CNCS0044000	0.00
1/28/2023	04:40 PM	:60	PSA	CNCS0461000	0.00
1/29/2023	10:40 AM	:60	PSA	CNCS0461000	0.00
1/30/2023	03:40 AM	:60	PSA	CNCS0461000	0.00
1/31/2023	04:40 AM	:60	PSA	CNCS0461000	0.00
1/31/2023	06:40 AM	:30	PSA	CNCS0044000	0.00

43 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23010317
 Invoice Date: 1/31/2023
 Account ID: 0054
 Order ID: 0054-388
 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- MIDDLE SCHOOL MENTAL HEALTH for P.O./Estimate # SUPPORT KIDS' MENTAL HEA
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2023	02:40 PM	:15	Spot	CNMS0012000	0.00
1/1/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
1/2/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
1/2/2023	09:20 PM	:15	Spot	CNMS0012000	0.00
1/3/2023	05:40 PM	:15	Spot	CNMS0012000	0.00
1/3/2023	07:40 PM	:30	Spot	CNMS0011000	0.00
1/4/2023	10:40 AM	:15	Spot	CNMS0012000	0.00
1/4/2023	11:40 PM	:30	Spot	CNMS0011000	0.00
1/5/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
1/5/2023	02:40 PM	:15	Spot	CNMS0012000	0.00
1/6/2023	08:40 AM	:15	Spot	CNMS0012000	0.00
1/6/2023	11:20 AM	:30	Spot	CNMS0011000	0.00
1/7/2023	07:40 AM	:30	Spot	CNMS0011000	0.00
1/7/2023	01:40 PM	:15	Spot	CNMS0012000	0.00
1/8/2023	07:20 AM	:15	Spot	CNMS0012000	0.00
1/8/2023	06:40 PM	:30	Spot	CNMS0011000	0.00
1/9/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
1/9/2023	01:40 PM	:30	Spot	CNMS0011000	0.00
1/10/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
1/10/2023	09:20 PM	:15	Spot	CNMS0012000	0.00
1/11/2023	01:40 PM	:30	Spot	CNMS0011000	0.00
1/11/2023	04:40 PM	:15	Spot	CNMS0012000	0.00
1/12/2023	02:40 PM	:30	Spot	CNMS0011000	0.00
1/12/2023	10:40 PM	:15	Spot	CNMS0012000	0.00
1/13/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
1/13/2023	09:20 PM	:30	Spot	CNMS0011000	0.00
1/14/2023	11:20 AM	:15	Spot	CNMS0012000	0.00
1/14/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
1/15/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
1/15/2023	03:40 PM	:15	Spot	CNMS0012000	0.00
1/16/2023	07:40 AM	:15	Spot	CNMS0012000	0.00
1/16/2023	10:40 PM	:30	Spot	CNMS0011000	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: 23010317
 Invoice Date: 1/31/2023

Sponsor: PSA- S / PSA- S- MIDDLE SCHOOL MENTAL HEALTH for P.O./Estimate # SUPPORT KIDS' MENTAL HEA
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/17/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
1/17/2023	12:40 PM	:15	Spot	CNMS0012000	0.00
1/18/2023	02:40 PM	:30	Spot	CNMS0011000	0.00
1/19/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
1/19/2023	08:40 PM	:15	Spot	CNMS0012000	0.00
1/20/2023	04:40 PM	:15	Spot	CNMS0012000	0.00
1/20/2023	07:40 PM	:30	Spot	CNMS0011000	0.00
1/21/2023	10:40 AM	:30	Spot	CNMS0011000	0.00
1/21/2023	10:40 PM	:15	Spot	CNMS0012000	0.00
1/22/2023	12:40 PM	:15	Spot	CNMS0012000	0.00
1/22/2023	05:40 PM	:30	Spot	CNMS0011000	0.00
1/23/2023	06:40 AM	:15	Spot	CNMS0012000	0.00
1/23/2023	11:40 AM	:30	Spot	CNMS0011000	0.00
1/24/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
1/24/2023	11:40 AM	:15	Spot	CNMS0012000	0.00
1/25/2023	02:40 PM	:30	Spot	CNMS0011000	0.00
1/25/2023	05:40 PM	:15	Spot	CNMS0012000	0.00
1/26/2023	04:40 PM	:30	Spot	CNMS0011000	0.00
1/26/2023	09:20 PM	:15	Spot	CNMS0012000	0.00
1/27/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
1/27/2023	09:20 PM	:30	Spot	CNMS0011000	0.00
1/28/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
1/28/2023	12:40 PM	:15	Spot	CNMS0012000	0.00
1/29/2023	06:20 AM	:30	Spot	CNMS0011000	0.00
1/29/2023	09:40 PM	:15	Spot	CNMS0012000	0.00
1/30/2023	11:40 AM	:30	Spot	CNMS0011000	0.00
1/30/2023	10:40 PM	:15	Spot	CNMS0012000	0.00
1/31/2023	12:40 PM	:30	Spot	CNMS0011000	0.00
1/31/2023	09:20 PM	:15	Spot	CNMS0012000	0.00

61 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23010322
 Invoice Date: 1/31/2023
 Account ID: 0054
 Order ID: 0054-391
 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- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/1/2023	04:40 PM	:60	PSA	CNDT0317000	0.00
1/2/2023	11:40 AM	:60	PSA	CNDT0317000	0.00
1/3/2023	08:40 PM	:30	PSA	CNDT0319000	0.00
1/4/2023	09:40 AM	:60	PSA	CNDT0317000	0.00
1/5/2023	09:20 PM	:30	PSA	CNDT0319000	0.00
1/6/2023	07:40 AM	:60	PSA	CNDT0317000	0.00
1/7/2023	07:40 PM	:30	PSA	CNDT0319000	0.00
1/8/2023	06:40 PM	:60	PSA	CNDT0317000	0.00
1/9/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
1/10/2023	07:40 PM	:30	PSA	CNDT0319000	0.00
1/11/2023	03:40 PM	:60	PSA	CNDT0317000	0.00
1/12/2023	04:40 PM	:30	PSA	CNDT0319000	0.00
1/13/2023	01:40 PM	:60	PSA	CNDT0317000	0.00
1/14/2023	06:40 AM	:30	PSA	CNDT0319000	0.00
1/15/2023	09:40 PM	:60	PSA	CNDT0317000	0.00
1/16/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
1/17/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
1/19/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
1/20/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
1/21/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
1/22/2023	10:40 AM	:60	PSA	CNDT0317000	0.00
1/23/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
1/24/2023	11:40 PM	:30	PSA	CNDT0319000	0.00
1/25/2023	07:40 AM	:60	PSA	CNDT0317000	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: 23010322
Invoice Date: 1/31/2023

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
1/26/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
1/27/2023	11:40 AM	:60	PSA	CNDT0317000	0.00
1/28/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
1/29/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
1/30/2023	11:40 AM	:60	PSA	CNDT0317000	0.00
1/31/2023	11:40 PM	:30	PSA	CNDT0319000	0.00

30 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23020263
 Invoice Date: 2/28/2023
 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
2/5/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	PROGRAMA PREVENCION Y ADICCIO	0.00
2/12/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD FOR ALL	0.00
2/19/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD FOR ALL	0.00
2/26/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	FOOD FOR ALL	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

KWBX 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23020253
 Invoice Date: 2/28/2023
 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
2/1/2023	06:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/1/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/1/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/2/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/2/2023	05:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/2/2023	07:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/3/2023	01:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/3/2023	09:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/3/2023	06:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/4/2023	11:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/4/2023	04:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/4/2023	09:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/5/2023	05:20 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/5/2023	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/5/2023	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/6/2023	05:20 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/6/2023	01:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/6/2023	09:20 PM	:30	PSA	DISTRACTED DRIVING	0.00
2/7/2023	06:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/7/2023	05:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/7/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/8/2023	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/8/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/8/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/9/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/9/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/9/2023	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/10/2023	04:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
2/10/2023	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
2/10/2023	08:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
2/11/2023	05:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
2/11/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
2/11/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
2/12/2023	08:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
2/12/2023	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
2/12/2023	06:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	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: 23020253
Invoice Date: 2/28/2023

Sponsor: PSA- S
PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost	
2/13/2023	01:40 AM	:30	PSA	DISTRACTED DRIVING	0.00	
2/13/2023	11:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00	
2/13/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00	
2/14/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00	
2/14/2023	02:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00	
2/14/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00	
2/15/2023	11:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00	
2/15/2023	04:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00	
2/15/2023	09:20 PM	:30	PSA	DISTRACTED DRIVING	0.00	
2/16/2023	06:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00	
2/16/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00	
2/16/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00	
2/17/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00	
2/17/2023	06:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00	
2/17/2023	08:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00	
2/18/2023	05:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00	
2/18/2023	04:40 PM	:30	PSA	DISTRACTED DRIVING	0.00	
2/18/2023	08:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00	
2/19/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00	
2/19/2023	07:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00	
2/19/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00	
2/20/2023	04:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00	
2/20/2023	12:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00	
2/20/2023	04:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00	
2/21/2023	04:40 AM	:30	PSA	DISTRACTED DRIVING	0.00	
2/21/2023	10:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00	
2/21/2023	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00	
2/22/2023	05:20 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00	
2/22/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00	
2/22/2023	02:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00	
2/23/2023	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00	
2/23/2023	11:20 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00	
2/23/2023	07:40 PM	:30	PSA	DISTRACTED DRIVING	0.00	
2/24/2023	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00	
2/24/2023	06:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00	
2/24/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00	
2/25/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00	
2/25/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00	
2/25/2023	08:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00	
2/26/2023	03:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00	
2/26/2023	07:40 AM	:30	PSA	DISTRACTED DRIVING	0.00	
2/26/2023	08:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00	
2/27/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00	
2/27/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00	
2/27/2023	01:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00	
2/28/2023	08:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00	
2/28/2023	02:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00	
2/28/2023	03:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00	
84 Total Items					Total Cost:	\$0.00

Amount Due: **\$0.00**

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23020259
 Invoice Date: 2/28/2023
 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
2/1/2023	07:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/2/2023	02:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
2/3/2023	03:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/4/2023	12:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
2/5/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/6/2023	07:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/7/2023	11:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
2/8/2023	09:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/9/2023	09:40 AM	:15	PSA	FRASES BUSTOS 1	0.00
2/10/2023	05:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/11/2023	08:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
2/12/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/13/2023	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/14/2023	12:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
2/15/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/16/2023	12:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
2/18/2023	12:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
2/19/2023	05:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/20/2023	10:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/21/2023	04:40 AM	:15	PSA	FRASES BUSTOS 3	0.00
2/22/2023	04:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/23/2023	09:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
2/24/2023	04:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/25/2023	08:40 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: 23020259
Invoice Date: 2/28/2023

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
2/26/2023	12:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
2/27/2023	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
2/28/2023	04:40 AM	:15	PSA	FRASES BUSTOS 5	0.00

27 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23020265
 Invoice Date: 2/28/2023
 Account ID: 0054
 Order ID: 0054-388
 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- MIDDLE SCHOOL MENTAL HEALTH for P.O./Estimate # SUPPORT KIDS' MENTAL HEA
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/1/2023	08:40 AM	:30	Spot	CNMS0011000	0.00
2/1/2023	07:40 PM	:15	Spot	CNMS0012000	0.00
2/2/2023	11:40 AM	:30	Spot	CNMS0011000	0.00
2/2/2023	11:40 PM	:15	Spot	CNMS0012000	0.00
2/3/2023	02:40 PM	:15	Spot	CNMS0012000	0.00
2/3/2023	08:40 PM	:30	Spot	CNMS0011000	0.00
2/4/2023	08:40 AM	:30	Spot	CNMS0011000	0.00
2/4/2023	12:40 PM	:15	Spot	CNMS0012000	0.00
2/5/2023	07:40 AM	:30	Spot	CNMS0011000	0.00
2/5/2023	11:40 PM	:15	Spot	CNMS0012000	0.00
2/6/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
2/6/2023	06:40 PM	:15	Spot	CNMS0012000	0.00
2/7/2023	04:40 PM	:30	Spot	CNMS0011000	0.00
2/7/2023	07:40 PM	:15	Spot	CNMS0012000	0.00
2/8/2023	08:40 AM	:30	Spot	CNMS0011000	0.00
2/8/2023	12:40 PM	:15	Spot	CNMS0012000	0.00
2/9/2023	03:40 PM	:30	Spot	CNMS0011000	0.00
2/9/2023	10:40 PM	:15	Spot	CNMS0012000	0.00
2/10/2023	12:40 PM	:30	Spot	CNMS0011000	0.00
2/10/2023	07:40 PM	:15	Spot	CNMS0012000	0.00
2/11/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
2/11/2023	01:40 PM	:15	Spot	CNMS0012000	0.00
2/12/2023	10:40 AM	:15	Spot	CNMS0012000	0.00
2/12/2023	06:40 PM	:30	Spot	CNMS0011000	0.00
2/13/2023	11:20 AM	:15	Spot	CNMS0012000	0.00
2/13/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
2/14/2023	10:40 AM	:30	Spot	CNMS0011000	0.00
2/14/2023	04:40 PM	:15	Spot	CNMS0012000	0.00
2/15/2023	03:40 PM	:30	Spot	CNMS0011000	0.00
2/15/2023	07:40 PM	:15	Spot	CNMS0012000	0.00
2/16/2023	03:40 PM	:15	Spot	CNMS0012000	0.00
2/16/2023	08:40 PM	:30	Spot	CNMS0011000	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: 23020265
 Invoice Date: 2/28/2023

Sponsor: PSA- S / PSA- S- MIDDLE SCHOOL MENTAL HEALTH for P.O./Estimate # SUPPORT KIDS' MENTAL HEA
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/17/2023	12:40 PM	:30	Spot	CNMS0011000	0.00
2/17/2023	08:40 PM	:15	Spot	CNMS0012000	0.00
2/18/2023	10:40 AM	:15	Spot	CNMS0012000	0.00
2/18/2023	11:40 PM	:30	Spot	CNMS0011000	0.00
2/19/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
2/19/2023	04:40 PM	:30	Spot	CNMS0011000	0.00
2/20/2023	12:20 PM	:15	Spot	CNMS0012000	0.00
2/20/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
2/21/2023	02:40 PM	:30	Spot	CNMS0011000	0.00
2/21/2023	08:40 PM	:15	Spot	CNMS0012000	0.00
2/22/2023	06:40 PM	:15	Spot	CNMS0012000	0.00
2/22/2023	08:40 PM	:30	Spot	CNMS0011000	0.00
2/23/2023	04:40 PM	:30	Spot	CNMS0011000	0.00
2/23/2023	10:40 PM	:15	Spot	CNMS0012000	0.00
2/24/2023	06:40 PM	:30	Spot	CNMS0011000	0.00
2/24/2023	07:40 PM	:15	Spot	CNMS0012000	0.00
2/25/2023	01:40 PM	:15	Spot	CNMS0012000	0.00
2/25/2023	05:40 PM	:30	Spot	CNMS0011000	0.00
2/26/2023	08:40 AM	:30	Spot	CNMS0011000	0.00
2/26/2023	02:40 PM	:15	Spot	CNMS0012000	0.00
2/27/2023	08:20 AM	:15	Spot	CNMS0012000	0.00
2/27/2023	03:40 PM	:30	Spot	CNMS0011000	0.00
2/28/2023	08:40 AM	:15	Spot	CNMS0012000	0.00
2/28/2023	07:40 PM	:30	Spot	CNMS0011000	0.00

56 Total Items

Total Cost:

\$0.00

Amount Due: \$0.00

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23020270
 Invoice Date: 2/28/2023
 Account ID: 0054
 Order ID: 0054-391
 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- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/1/2023	04:40 PM	:60	PSA	CNDT0317000	0.00
2/2/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
2/3/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
2/4/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
2/5/2023	03:40 PM	:60	PSA	CNDT0317000	0.00
2/6/2023	08:40 PM	:60	PSA	CNDT0317000	0.00
2/7/2023	09:20 PM	:30	PSA	CNDT0319000	0.00
2/8/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
2/9/2023	09:20 PM	:30	PSA	CNDT0319000	0.00
2/10/2023	01:40 PM	:60	PSA	CNDT0317000	0.00
2/11/2023	10:40 AM	:30	PSA	CNDT0319000	0.00
2/12/2023	09:40 PM	:60	PSA	CNDT0317000	0.00
2/13/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
2/14/2023	08:40 AM	:30	PSA	CNDT0319000	0.00
2/15/2023	06:40 AM	:60	PSA	CNDT0317000	0.00
2/16/2023	01:40 PM	:30	PSA	CNDT0319000	0.00
2/17/2023	02:40 PM	:60	PSA	CNDT0317000	0.00
2/18/2023	08:40 PM	:30	PSA	CNDT0319000	0.00
2/19/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
2/20/2023	08:40 AM	:60	PSA	CNDT0317000	0.00
2/21/2023	06:40 AM	:30	PSA	CNDT0319000	0.00
2/22/2023	08:40 AM	:60	PSA	CNDT0317000	0.00
2/23/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
2/24/2023	11:40 PM	:60	PSA	CNDT0317000	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: 23020270
Invoice Date: 2/28/2023

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
2/25/2023	09:40 AM	:30	PSA	CNDT0319000	0.00
2/26/2023	10:40 AM	:60	PSA	CNDT0317000	0.00
2/27/2023	09:20 PM	:60	PSA	CNDT0317000	0.00
2/28/2023	11:40 AM	:30	PSA	CNDT0319000	0.00

28 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23030393
 Invoice Date: 3/31/2023
 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
3/5/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	DOSIS DE VACUNAS COVID 19	0.00
3/12/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	RECUERATE ADICIONES	0.00
3/19/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	RECUERATE ADICIONES	0.00
3/26/2023	02:00 PM	15:00	PUBLIC AFFAIRS PROGRAM	CENTRO FAMILIAR MANO A MANO	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

KWBV 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23030383
 Invoice Date: 3/31/2023
 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
3/1/2023	09:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/1/2023	10:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/1/2023	05:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/2/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/2/2023	07:40 AM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/2/2023	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/3/2023	04:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/3/2023	03:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/3/2023	11:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/4/2023	08:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/4/2023	01:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/4/2023	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/5/2023	09:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/5/2023	03:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/5/2023	07:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/6/2023	05:20 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/6/2023	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/6/2023	11:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/7/2023	04:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/7/2023	09:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/7/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/8/2023	01:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/8/2023	04:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/8/2023	09:20 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/9/2023	11:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/9/2023	06:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/9/2023	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/10/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENESS	0.00
3/10/2023	05:40 PM	:30	PSA	7CRO0092000 DONACION DE ORGAN	0.00
3/10/2023	08:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREPARE	0.00
3/11/2023	01:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWAREN	0.00
3/11/2023	08:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/11/2023	06:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/12/2023	05:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT MENTA	0.00
3/12/2023	04:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY ADMI	0.00
3/12/2023	09:40 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

KWBY 940 AM Invoice

Invoice ID: 23030383
Invoice Date: 3/31/2023

Sponsor: PSA- S
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/13/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/13/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/13/2023	06:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/14/2023	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/14/2023	03:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/14/2023	07:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/15/2023	02:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/15/2023	02:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/15/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/16/2023	04:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/16/2023	01:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/16/2023	10:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/17/2023	05:20 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/17/2023	02:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/17/2023	11:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/18/2023	01:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/18/2023	11:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/18/2023	10:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/19/2023	04:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/19/2023	07:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/19/2023	02:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/20/2023	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/20/2023	11:20 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/20/2023	04:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/21/2023	08:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/21/2023	02:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/21/2023	03:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/22/2023	02:40 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/22/2023	05:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/22/2023	11:40 PM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/23/2023	06:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/23/2023	11:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/23/2023	09:20 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/24/2023	05:20 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/24/2023	08:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/24/2023	09:20 PM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/25/2023	02:40 AM	:30	PSA	DISTRACTED DRIVING	0.00
3/25/2023	10:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/25/2023	08:40 PM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/26/2023	01:40 PM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/26/2023	05:40 PM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/26/2023	07:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/27/2023	12:40 AM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/27/2023	06:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/27/2023	10:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/28/2023	03:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/28/2023	08:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/28/2023	06:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00
3/29/2023	12:40 AM	:30	PSA	CNAT0532000 AUTISM AWARENE	0.00
3/29/2023	09:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00

Continued

KWBV 940 AM Invoice

Invoice ID: 23030383
Invoice Date: 3/31/2023

Sponsor: PSA- S
PSA- S

Page 3

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/29/2023	07:40 PM	:30	PSA	CNAL0022000 ALZHEIMER'S AWA	0.00
3/30/2023	02:40 AM	:30	PSA	7CRO0092000 DONACION DE OR	0.00
3/30/2023	11:40 AM	:30	PSA	VYSJ0475000H ST JUDE'S	0.00
3/30/2023	10:40 PM	:30	PSA	DISTRACTED DRIVING	0.00
3/31/2023	02:40 AM	:30	PSA	SARM0240000 SAMHSA ADULT M	0.00
3/31/2023	10:40 AM	:30	PSA	1SSA0044000 SOCIAL SECURITY	0.00
3/31/2023	03:40 PM	:30	PSA	CNFE0357000 EMERGENCY PREP	0.00

93 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBX 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23030389
 Invoice Date: 3/31/2023
 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
3/1/2023	01:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/2/2023	12:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
3/3/2023	11:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/4/2023	08:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
3/5/2023	03:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/6/2023	04:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/7/2023	05:20 AM	:15	PSA	FRASES BUSTOS 3	0.00
3/8/2023	08:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/9/2023	10:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
3/10/2023	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/11/2023	12:40 AM	:15	PSA	FRASES BUSTOS 5	0.00
3/12/2023	11:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/13/2023	11:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/14/2023	12:40 PM	:15	PSA	FRASES BUSTOS 3	0.00
3/15/2023	02:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/16/2023	05:40 PM	:15	PSA	FRASES BUSTOS 1	0.00
3/17/2023	05:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/18/2023	03:40 AM	:15	PSA	FRASES BUSTOS 2	0.00
3/19/2023	02:40 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/20/2023	05:20 AM	:30	PSA	FRASES BUSTOS 6	0.00
3/21/2023	03:40 AM	:15	PSA	FRASES BUSTOS 4	0.00
3/22/2023	02:20 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/23/2023	05:20 AM	:15	PSA	FRASES BUSTOS 5	0.00
3/24/2023	11:40 AM	: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: 23030389
Invoice Date: 3/31/2023

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
3/25/2023	06:20 AM	:15	PSA	FRASES BUSTOS 1	0.00
3/26/2023	02:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/27/2023	04:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/28/2023	09:20 PM	:15	PSA	FRASES BUSTOS 3	0.00
3/29/2023	11:40 PM	:30	PSA	FRASES BUSTOS 6	0.00
3/30/2023	11:40 PM	:15	PSA	FRASES BUSTOS 4	0.00
3/31/2023	09:40 AM	:30	PSA	FRASES BUSTOS 6	0.00

31 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00

KWBY 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23030395
 Invoice Date: 3/31/2023
 Account ID: 0054
 Order ID: 0054-388
 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- MIDDLE SCHOOL MENTAL HEALTH for P.O./Estimate # SUPPORT KIDS' MENTAL HEA
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/1/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
3/1/2023	03:40 PM	:15	Spot	CNMS0012000	0.00
3/2/2023	06:40 AM	:15	Spot	CNMS0012000	0.00
3/2/2023	06:40 PM	:30	Spot	CNMS0011000	0.00
3/3/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
3/3/2023	09:20 PM	:15	Spot	CNMS0012000	0.00
3/4/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
3/4/2023	04:40 PM	:15	Spot	CNMS0012000	0.00
3/5/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
3/5/2023	06:40 PM	:30	Spot	CNMS0011000	0.00
3/6/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
3/6/2023	12:40 PM	:15	Spot	CNMS0012000	0.00
3/7/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
3/7/2023	02:40 PM	:15	Spot	CNMS0012000	0.00
3/8/2023	02:40 PM	:30	Spot	CNMS0011000	0.00
3/8/2023	08:40 PM	:15	Spot	CNMS0012000	0.00
3/9/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
3/9/2023	03:40 PM	:15	Spot	CNMS0012000	0.00
3/10/2023	06:20 PM	:30	Spot	CNMS0011000	0.00
3/10/2023	08:20 PM	:15	Spot	CNMS0012000	0.00
3/11/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
3/11/2023	05:40 PM	:15	Spot	CNMS0012000	0.00
3/12/2023	03:40 PM	:15	Spot	CNMS0012000	0.00
3/12/2023	11:40 PM	:30	Spot	CNMS0011000	0.00
3/13/2023	07:40 AM	:15	Spot	CNMS0012000	0.00
3/13/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
3/14/2023	03:40 PM	:15	Spot	CNMS0012000	0.00
3/14/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
3/15/2023	07:40 AM	:30	Spot	CNMS0011000	0.00
3/15/2023	02:40 PM	:15	Spot	CNMS0012000	0.00
3/16/2023	07:40 AM	:30	Spot	CNMS0011000	0.00
3/16/2023	10:40 PM	:15	Spot	CNMS0012000	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: 23030395
 Invoice Date: 3/31/2023

Sponsor: PSA- S / PSA- S- MIDDLE SCHOOL MENTAL HEALTH for P.O./Estimate # SUPPORT KIDS' MENTAL HEA
 PSA- S

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/17/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
3/17/2023	09:20 PM	:30	Spot	CNMS0011000	0.00
3/18/2023	06:40 PM	:15	Spot	CNMS0012000	0.00
3/18/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
3/19/2023	11:40 AM	:15	Spot	CNMS0012000	0.00
3/19/2023	08:40 PM	:30	Spot	CNMS0011000	0.00
3/20/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
3/20/2023	02:40 PM	:30	Spot	CNMS0011000	0.00
3/21/2023	09:40 AM	:15	Spot	CNMS0012000	0.00
3/21/2023	12:40 PM	:30	Spot	CNMS0011000	0.00
3/22/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
3/22/2023	05:20 PM	:15	Spot	CNMS0012000	0.00
3/23/2023	04:40 PM	:15	Spot	CNMS0012000	0.00
3/23/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
3/24/2023	06:40 AM	:15	Spot	CNMS0012000	0.00
3/24/2023	10:40 PM	:30	Spot	CNMS0011000	0.00
3/25/2023	08:40 AM	:15	Spot	CNMS0012000	0.00
3/25/2023	02:40 PM	:30	Spot	CNMS0011000	0.00
3/26/2023	07:40 AM	:15	Spot	CNMS0012000	0.00
3/26/2023	04:40 PM	:30	Spot	CNMS0011000	0.00
3/27/2023	04:40 PM	:15	Spot	CNMS0012000	0.00
3/27/2023	11:40 PM	:30	Spot	CNMS0011000	0.00
3/28/2023	06:40 AM	:30	Spot	CNMS0011000	0.00
3/28/2023	08:40 PM	:15	Spot	CNMS0012000	0.00
3/29/2023	09:40 AM	:30	Spot	CNMS0011000	0.00
3/29/2023	11:40 PM	:15	Spot	CNMS0012000	0.00
3/30/2023	10:40 AM	:15	Spot	CNMS0012000	0.00
3/30/2023	05:40 PM	:30	Spot	CNMS0011000	0.00
3/31/2023	06:40 PM	:15	Spot	CNMS0012000	0.00
3/31/2023	07:40 PM	:30	Spot	CNMS0011000	0.00

62 Total Items	Total Cost:	\$0.00
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Amount Due: **\$0.00**

KWBX 940 AM Invoice

DISTELL RADIO GROUP
 5110 SE STARK STREET
 PORTLAND OR 97215
 503 234 5550/ 503 234 5583 FAX
 FAX 503 234 5583

Invoice ID: 23030400
 Invoice Date: 3/31/2023
 Account ID: 0054
 Order ID: 0054-391
 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- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES
 PSA- S

Page 1

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/1/2023	08:40 PM	:60	PSA	CNDT0317000	0.00
3/2/2023	03:40 PM	:30	PSA	CNDT0319000	0.00
3/3/2023	07:40 PM	:60	PSA	CNDT0317000	0.00
3/4/2023	08:40 PM	:30	PSA	CNDT0319000	0.00
3/5/2023	09:40 PM	:60	PSA	CNDT0317000	0.00
3/6/2023	02:40 PM	:60	PSA	CNDT0317000	0.00
3/7/2023	07:40 PM	:30	PSA	CNDT0319000	0.00
3/8/2023	03:40 PM	:60	PSA	CNDT0317000	0.00
3/9/2023	09:20 AM	:30	PSA	CNDT0319000	0.00
3/10/2023	06:40 PM	:60	PSA	CNDT0317000	0.00
3/11/2023	04:40 PM	:30	PSA	CNDT0319000	0.00
3/12/2023	10:40 AM	:60	PSA	CNDT0317000	0.00
3/13/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
3/14/2023	12:40 PM	:30	PSA	CNDT0319000	0.00
3/15/2023	10:40 PM	:60	PSA	CNDT0317000	0.00
3/16/2023	04:40 PM	:30	PSA	CNDT0319000	0.00
3/17/2023	09:20 AM	:60	PSA	CNDT0317000	0.00
3/18/2023	01:40 PM	:30	PSA	CNDT0319000	0.00
3/19/2023	06:40 AM	:60	PSA	CNDT0317000	0.00
3/20/2023	11:40 PM	:60	PSA	CNDT0317000	0.00
3/21/2023	03:20 PM	:30	PSA	CNDT0319000	0.00
3/22/2023	11:20 PM	:60	PSA	CNDT0317000	0.00
3/23/2023	02:40 PM	:30	PSA	CNDT0319000	0.00
3/24/2023	10:40 PM	:60	PSA	CNDT0317000	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: 23030400
Invoice Date: 3/31/2023

Sponsor: PSA- S / PSA- S- TYPE 2 DIABETES PREVENTION for P.O./Estimate # TYPE 2 DIABETES
PSA- S

Page 2

Date	Time	Length	Description	CopyID / ISCI Code	Cost
3/25/2023	04:40 PM	:30	PSA	CNDT0319000	0.00
3/26/2023	12:40 PM	:60	PSA	CNDT0317000	0.00
3/27/2023	05:40 PM	:60	PSA	CNDT0317000	0.00
3/28/2023	11:40 AM	:30	PSA	CNDT0319000	0.00
3/29/2023	12:40 PM	:60	PSA	CNDT0317000	0.00
3/30/2023	05:40 PM	:30	PSA	CNDT0319000	0.00
3/31/2023	01:40 PM	:60	PSA	CNDT0317000	0.00

31 Total Items

Total Cost:

\$0.00

Amount Due:

\$0.00